

July 1, 2016

Randall Snyder Division Director, Acute Care Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

Dear Mr. Snyder,

I am requesting copies of the following:

1. Abortion facility license renewal applications for July 1, 2016 - June 30, 2017.

2. Hospital admitting privileges or doctor relationships documentation for licensure period July 1, 2016 - June 30, 2017.

3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 - June 30, 2017.

4. Copies of licenses for all abortion facilities for licensure period July 1, 2016 -June 30, 2017.

Please send to the address below or e-mail to cathie humbarger@ichooselife.org.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to: Cathie Humbarger, VP Indiana Right to Life 2126 Inwood Drive Fort Wayne, IN 46815

Sincerely,

Vice President of Policy Enforcement Indiana Right to Life

Carlie Tumbarger



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

August 10, 2016

VIA U.S. FIRST-CLASS MAIL

Cathie Humbarger, VP Indiana Right to Life 2126 Inwood Drive Fort Wayne, Indiana 46815

> RE: Access to Public Records Request Abortion Facility Licenses

Dear Ms. Humbarger:

Pursuant to your request, the Indiana State Department of Health (ISDH) is providing copies of the following:

- 1. Abortion facility license renewal applications for July 1, 2016 June 30, 2017.
- 2. Hospital admitting privileges or doctor relatiouships documentation for licensure period July 1, 2016 June 30, 2017.
- 3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 June 30, 2017.
- Copies of licenses for all abortion facilities for licensure period July 1, 2016 June 30, 2017.

The documents consist of 950 pages. At a cost of \$.10 per page, the cost of copying is \$95.00. The estimated cost for mailing is \$9.60. Therefore, the total cost of copying and mailing is \$104.60. Please remit payment upon receipt of these documents. Your check should be payable to the Indiana State Department of Health.



If you have any questions, please don't hesitate to contact me at 317-233-7107.

Sincerely,

Angela L. Becker Litigation Liaison

Indiana State Department of Health

Office of Legal Affairs, 3-H

2 N. Meridian Street

Indianapolis, IN 46204

Phone: (317) 233-7107 Fax: (317) 233-7143

Email: abecker2@isdh.in.gov

cc: Randall Snyder, PT, MBA

Division Director Acute Care Matthew Foster, Attorney

Litigation Chief, Office of Legal Affairs



APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

Division of Acute Care Use Only	
	• `
Date Approved (mm/dd/yyyy)	_Date Rejected (mm/dd/yyyy)

Date (teceived (in	mudayyyy <u>, </u>	batte Abbiose	Eu (mmaduryyyy)	Sate Rejected (numburyyyy)
Please Type or Pri	int Legibly.	•	• "	
		SECTION I	- TYPE OF APPLICATION	
Application (Check	k appropriate item.)			
☐ New Facility	Renewal	Change of Ownership omit a dated and signed	(Anticipated date of Sale/Purchas copy of the bill of sale, lease or othe	e/Lease (mm/dd/yyyy)) er document öf transfer,
		SECTION II - II	DENTIFYING INFORMATION	
A. Abortion Clinic	Location			
Name of Abortion Clini	For Wo	men		
Street Address (number 360)	er and street)	y Suite	2B	P.O. Box
Indian	apolis		Marion	ZIP Code +4 +4 022
Telephone Number	Fax Númber			
Ø17)	311)	Abortion Clinic e-mail	address: Ofuca climic	.4 women . net
955-2441	955 3687			
		Internet Web Address:	WWW, Clinical won	cen net
The section of Augustin	C5 255 3 2 5 5 1	e e le le de en en en e		
Street Address (number		bortion clinic location))	1200
onesi vantesa luéume	n and sireely			P.O. Box
City			I Court	
Сну			County	ZIP Code +4
C. Licensee/Owner	rship Information			
		with the secretary of sta	ile	***
(Jours line	of Ind	•	••	•
Street Address (number	enand street)	* C4 5.3 * Sam		P.O. Box
3607 Wes	of 16th 8t	rect		
City	,		State	ZIP Code+4
Indiana,	zila		Indiana	_ 40002
Telephone Number	Fax Numb		EIN Number	Fiscal Year End Date (mm/dd)
317,955.ac	441 BITS	955, 2687	351391416	12.31

D. Services provided u	nder this license	
1	1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 of	and 2.
	Laboratory: CLIA Certificate Number 50089 1576	
	Gynecology Q Other (List): Abortion Se	
3. Staffing: Physicians:	Registered Nurses: Licensed Practical Nurses: Censed Social Workers: Other (List title and number):	hourly, partime, and full-time persons. 1- Reception 15t 3- Surgical assistants 3- Real assistants 4- Lab Techs 3- Pt. Educators 2- Specimen Techs
E. Number of Procedur Local analgesia/anesi F. Type of Entity:		
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship Other (specify)		Government State County City City Hospital District Federal Other (specify)
	<u> </u>	

Position	Name	Addre	ss/City/State/ZIP
Président/Chairperson/CEO	La Donna Prince	17	ss/citMotate/v1t.
Vice-President/Vice-Chairperson/CO	Bally Boone	tri k	
Treasurer/CFO	Melissa Bakir Linda Williams		
Secretary	Linda Williams		
Ownership and/or Change in Ownership and/or Change in Ownership and addresses of Individuals of the configuration	or organizations back at the second	n or controlling int	erect of five nervent (50)
tity higher in a pyramld than the applica	ant constitutes indirect ownership. (Use additional	t in the applicant e I sheet if necessar	ntity. Ownership in any
Name	Business Address/City/Sta	1	EIN Number
a Donna Frince	3407W.16451. Indpls	IN 44222	351391714
Ennis Mickle	307 D. Kt St. Indps. 7	TNYUDD	35/39/4/4
Undersigned hereby makes application	CERTIFICATION OF APPLICATION		
the Abortion Clinic statues, IC 16-21-2 ntain this clinic in accordance with thos	n for a license to operate an Abortion Clinic (Clinic t the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated ther se rules.	q reasonable char re under, 410 IAC	acter, are able to compl 26 and will operate and
the Abortion Clinic statues, IC 16-21-2 ntain this clinic in accordance with those tify that the operational policies of the content of the c	n for a license to operate an Abortion Clinic (Clinic the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated ther e rules. clinic will not provide for discrimination based upor	d reasonable char re under, 410 IAC n race, color, cree	acter, are able to compl 26 and will operate and d, or national origin.
the Abortion Clinic statues, IC 16-21-2 near this clinic in accordance with those till that the operational policies of the cear and affirm under the penalty of periplete and that I will comply with all regulaters.	n for a license to operate an Abortion Clinic (Clinic t the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated ther se rules.	q reasonable cham re under, 410 IAC n race, color, cree	acter, are able to compl 26 and will operate and d, or national origin.
the Abortion Clinic statues, IC 16-21-2 near the Abortion Clinic statues, IC 16-21-2 near this clinic in accordance with those tily that the operational policies of the dear and affirm under the penalty of periplete and that I will comply with all regulature of the Medical Director:	in for a license to operate an Abortion Clinic (Clinic the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated ther rules. clinic will not provide for discrimination based upor	q reasonable cham re under, 410 IAC n race, color, cree	acter, are able to compl 26 and will operate and d, or national origin.
the Abortion Clinic statues, IC 16-21-2 Intaln this clinic in accordance with those tilly that the operational policies of the dear and affirm under the penalty of periplete and that I will comply with all regulature of the Medical Director:	n for a license to operate an Abortion Clinic (Clinic the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated there rules. clinic will not provide for discrimination based upor jury that all statements made in this application and ulations, aws, and rules governing the licensing of	q reasonable cham re under, 410 IAC n race, color, cree	acter, are able to comp. 26 and will operate and d, or national origin.
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the Abortion Clinic statues, IC 16-21-2 Intaln this clinic in accordance with those triffy that the operational policies of the dear and affirm under the penalty of periplete and that I will comply with all regulature of the Medical Director; led Name and Title:	n for a license to operate an Abortion Clinic (Clinic the owner(s) and operator(s) are of reputable and 2-2.5 and IC 16-34, and the rules promulgated there is rules. clinic will not provide for discrimination based upor jury that all statements made in this application and ulations, laws, and rules governing the licensing of t	re asonable charre under, 410 IAC n race, color, cree ad any attachments folinics in Indiana.	acter, are able to comp 26 and will operate and d, or national origin.

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:





APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

	,	Division o	f Acute Care Use C	<u>Only</u>	• •
Date Received (m	m/dd/yyyy)	Date Approve	ed (mm/dd/yyyy)	Date Rejec	ted (inm/dd/yyyy)
Please Type or Pri	int Legibly.	AMAMALI	TYPE OF APPLICAT	T/ON	a de la composição de la c
Abuthariban (Chan	conventiste ilem		- TYPE OF APPLICAT	ION	
Application (Check	<i></i>			•	
☐ New Facility □	∤Renowal □ Su	Change of Ownership bmil a dated and signed	(Anticipated date of Sai copy of the bill of sale, le	e/Purchase/Lease/mi ase or other document	of transfer,
		SECTION II - (I	ENTIFYING INFORM	IATION	to the
A. Abortion Clinic	Location				
Name of Abortion Clin	lc ,	1 1 1		1/ /-	1 Dl
Planned Pa	arent hood	d of India	na and	KINTUCKY	- Bloomington
Street Address (number 421 S. Co	er and street)	•			P.O. Box
Bloomina	ton		Gounly Monre	oe	21P Code +4 4 7403
Telephoné Number 🧳	Fax Number		_		
(812)	(812)	Abortion Clinic e-mail	address:AUYA	. Miller	appink. org
336-	336-				· 11
0219	2401	internet Web Address:	www. ppi	nk. ora	
النيا					
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
B. Mailing Address	s (if different from a	portion clinic location)	<u> </u>		
Street Address (number			1-1120		P.O. Box
200 S. Me	ridian	St. Suis	H 700		
City			County	-10	" ZIP Code +4
Indianas	oolls.		Mari	OPI	46225
C. Licensee/Owne					
		with the secretary of sta		Il and lands	1 /100
	<u>arenthooc</u>	s of inall	ana and	Kentuck	/, / <i>NC</i> .
200 S. M		St. Si	uite 400		
Indiana			State	na	ZIP Code+4 46 225
Telephone Number .	I Fax Muit		EIN Number		Fiscal Year End Date (mm/dd)
317, 637-	4343 (317)	437-4344	35-08742	76	04/30

D. peraices brokinen	under this license:		
Code items I und 2 as follows	; I. Provided directly by emp	loyve(s). 2. Provided by a contract service, 3. B	oth 1 and 2.
I. Ancillary Services:		Certificate Number J5D D340 Other (List)	690 O Radiology O Counseling
2. Surgical Services:	Gynccology	Other (List):	•
For item 3, indicate the total m	mbeç of individuals (employee:	plus contractors) working in this clinic. This inc	tudes innerly, part-time, and full-time persons,
3. Staffing: Physicians;	I - A Registered Nurse	PN es; 2 Licensed Practical Nurses:	
L	ivensed Social Workers;	Other (List title and numl	1-Health Center Mana er) 5-Health Center Assis
Local analgesia/ane	sthetic 2	Moderate/Conscious Sedati	on O
F. Type of Entity:			
F. Type of Entity: For Profit	(Non-Profit	Government
For Profit		Non-Profit	Government
For Profit		<u>Nón-Profit</u> ☐ Church Related ☐ Individual	State
For Profit Individual Partnership		Church Related	
For Profit Individual Partnership Corporation Ultimited Liability Company		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation	☐ State
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation	State County City City/County Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	State County City City/County Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	State County City City/County Hospital District
For Profit		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	State County City City/County Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	State County City City/County Hospital District
For Profit Individual Partnership Corporation Limited Liability Company Sole Proprietorship		☐ Church Related ☐ Individual ☐ Partnorship ☐ Corporation ☐ Limited Liability Company	State County City City/County Hospital District

Position		Name	Addres	/Cily/Stale/ZIP
President/Chairperson/CF:O		a Rose	200 S. N Suite 40	teridian 8. 16
Vice-President/Vice-Chairperson/GOO	Kim (Green	Indianap	00115, IN 46
Treasurer/CFO	Nath	n Ringham		
Secretary	Claudett	e Einhorn		
H. Ownership and/or Change in Owners! List names and addresses of individuals or		éan déant as hadinast annual		
- In ing appicant enity, indrect ownership in	leresi is an enidu	that has an ownership interes	el in the applicant an	film Outproble to par
entity higher in a pyramid than the applican	I constitutes Indire)
Nome		Business Address/City/S	Slale/ZIP	EIN Number
		·		
The undersigned hereby makes application to	CERTIFICAT	TION OF APPLICATION	In the Black Pints of the	
this application, represents and shows that II with the Abortion Clinic statues, IC 16-21-2-2 maintain this clinic in accordance with those I certify that the operational policies of the clinic transport and affirm under the penalty of perjurational and that I will comply with all regula	ne owner(s) and d 2.5 and IC 16-34, rules, inic will not provide	pocator(s) are of repulable a and the rules promulgated th e for discrimination based up	nd reasonable chara ere under, 410 IAC 2 on race, color, creed	cler, are able 16 comp 6 and will operate and , or national origin,
Signature of the Medical Director:	WH	U		· · · · · · · · · · · · · · · · · · ·
Printed Name and Tille:	hn Stut.	sman, Med	ical Dire	ctor
Date of Signature (mm/ed/yyyy);	5-20-	-16		-
Signature of the Clinic Administrator:	: = = = = = =			
Printed Name and Title:	ava M	iller, Heath (Penter Ma	<u>Μ</u> ΩΔΩΓ
late of Signature (mm/dd/yyyy).	and the second second			

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One,	Total First Trimester Procedures in the Clinic	Fee
1	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

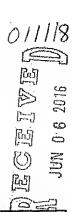
- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:



APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC

State Form 52233 (R3 / 3-14)
Approved by State Bland of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)



		Division of Acute C	are Use Only		
Date Received (m	m/dd/yyyy)	Date Approved (mm/dd/y	' ''	ate Rejected (mm/dd/yyyy)	
Please Typo or Pri	int Legibly.	SECTION 1 - TYPE OF	ADDISCATION		··
Application (Check	v anovonriale item)	SECTION 1-, ITE OF	AFFEIGATION		
•		Change of Ownership (Anticipated bmil a dated and signed copy of the b	f date of Sale/Purchase ill of sale, lease or other	/Lease (mm/dd/yyyy)) , document of transfer.	······································
		SECTION II - IDENTIFYIN	O INFORMATION		
Á. Abortion Clinic	Location				
Name of Abortion Clin	ić	1 A 1-1	and Vant	ucky-Indianap	il la
Plannea Plannea Plannes Inumb	arent hood	d of Indiana	Arici Kerii	P.O. Box	<i>U] [</i>
3950 Ge	al alle sheet			·	
'Çily	0		unly	ZIP Code +4	
Indianapa	2Uc		Marion	41,2108	
	7 3				
relephone Number	Lex Mounder			Whend a	1
(317)	317)			rthbaugh @ppin	k.
relephone Number	Lex Mounder	Abortion Clinic e-mail address:	devyn.pu	rthbaugh @ppin	k.t
(317)	317)	Abortion Clinic e-mail address:	devyn.pu	<i>J</i> • • •	K.1
(317) 872-	317) 872-		devyn.pu	<i>J</i> • • •	K.
(317) 872- 3115	317) 872- 3188	Abortion Clinic e-mail address:	devyn.pu	<i>J</i> • • •	K.1
(317) 872- 3.115 B. Mailing Addrés	317, \$72- 3188 s (if different from a	Abortion Clinic e-mail address:	devyn.pu ppink.o	<i>J</i> • • •	K.1
(317) 872- 3.115 B. Mailing Addrés	317, \$72- 3188 s (if different from a	Abortion Clinic e-mail address:	devyn.pu ppink.o	rg	K.1
317) 872- 3115 B. Mailing Addrés Street Address (numb	317, 872- 3188 s (if different from a er and street) er i di an	Abortion Clinic e-mail address:	devyn. Dlu ppink. Dl o	P,O, Box ZIP Code +4	K.1
317) 872- 3115 B. Mailing Addrés Street Address (numb	317, 872- 3188 s (if different from a er and street) er i di an	Abortion Clinic e-mail address:	devyn.pu ppink.ou	P,O, Box	K.1
B. Mailing Addrés Street Address (numb City Indianal C. Licensee/Owner	317, 872- 3188 s (if different from a er and street) er i di an 201/S ership Information	Abortion Clinic e-mail address:	devyn. Dlu ppink. Dl o	P,O, Box ZIP Code +4	K.1
317) 872- 3115 B. Mailing Addres Street Address (number) 200 S. Mailing Address City Indianal C. Licensee/Owner Licensee: The applications	317) 872- 3188 s (if different from a ger and street) evidian	Abortion Clinic e-mail address:	devyn. Dlu ppink. Dl pounty Marion	P.O. Box ZIP Gode +4 41e 7.75	K.1
317) 872- 3115 B. Mailing Addres Street Address (number) 200 S. Mailing Address City Indianal C. Licensee/Owner Licensee: The applict	317, 872- 3188 s (if different from a er and street) er i di an 201/S ership Information ant enlity as registered arch+hodo	Abortion Clinic e-mail address:	devyn.phi ppink.pi ppink.pi and Kent	P,O, Box ZIP Code +4	K.1
317) 872- 3115 B. Mailing Addrés Street Address (numb City Indianal C. Licensee/Owne Licensee: The applict Planned P Street Address (numb	317, 872- 3188 s (if different from a er and street) er i di an colls ership Information ant entity as registered archtnood ber and street)	Abortion Clinic e-mail address:	devyn.phi ppink.pi ppink.pi and Kent	P.O. Box ZIP Gode +4 4 le ZZ5 Hicky, Inc. P.O. Box	K. 1
B. Mailing Address Street Address (number 1) City Indianay C. Licensee/Owner Licensee: The application of the policy Street Address (number 1) Street Address (number 1) City C. Licensee/Owner City C. Licensee/Owner City Street Address (number 1) Street Address (number 1) City City City City City	317, 872- 3188 s (if different from a er end street) er i di an colls ership Information ent enlity as registered arent street) ler and street) ler and street)	Abortion Clinic e-mail address:	devyn.phi ppink.pi marion and Keni 400	P.O. Box ZIP Gode +4 41e 7.75	K - 1
B. Mailing Address Street Address (number 1997) City Indianal C. Licensee/Owner Licensee: The application of the property of	317, 872- 3188 s (if different from a er end street) er i di an colls ership Information ent enlity as registered arent street) ler and street) ler and street)	Abortion Clinic e-mail address:	Jevyn. Du ppink. Di o Marion and Keni 400	P.O. Box ZIP Gode +4 4 le ZZ5 Hicky, Inc. P.O. Box	

D. Services provided under this lice	ense:	
Code Hems I und 2 as follows: I. Provided di.	rectly by employee(s), 2. Pravided by a contract service,	3. Both 1 and 2,
		O690 D Radiology O Counseling
Family	Planning O Pharmacy O Other (Li	ist):
2. Surgical Services:	logy Other (Liet):	William Control
For item 5, indicate the total number of individuo	ls (employees plus contractors) working in this clinic. This	includes hourly, part-time, and foll-time average
- 1-	- APN ered Nurses: [3] Licensed Practical Nurses	
Licensed Social	Workers: Other (List title and inn	1- Health Center Mar mbor): 7- Health Center Ass
E. Number of Procedure Rooms U	llizing:	
Local analgesia/anesthetic 2	Moderate/Conscious Seda	ation 2
or Profit	<u>Non-Profit</u>	Government
] Individual	Church Related	☐ State
] Partnership	[] Individual	i ⊃iale ☐ Gounty
Corporation	☐ Partnership	City
Limited Liability Company	(P Corporation	City/County
Sole Proprietorship	Limited Liability Company	Hospital District
Other (specify)	Olher (specify)	
		Other (specify)
t		
A STATE OF THE STA		

	Namo	Address/Clly/State/ZIP
President/Chairperson/CEO	Marya Rose	700 S Meridian St.
Vice-President/Vice-Chairperson/CO(Kim Green	Suite 400 Indianapolis, IN 462
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	
Ownership and/or Change in Owners	ship:	and the same of th
	r organizations having direct or indirect owner nterest is an entity that has an ownership inte nt constitutes indirect ownership. I Use addition	ship or controlling interest of five percent (5%) rest in the applicant entity. Ownership in any and shoot if necessary.
Name	Business Address/Cily	
	· · · · · · · · · · · · · · · · · · ·	
7-20-	CERTIFICATION OF APPLICATION	
	2.5 and IC 15-34, and the rules promilested	inic) in the State of Indians, and in support of and reasonable character, are able to comply there under, 410 IAC 26 and will operate and
n the Abortion Clinip statues, IC 16-21-2- ntain this clinic in accordance with those	for a license to operate an Abortion Clinio (Cl the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules.	and leasonable character, are able to comply there under, 410 IAC 26 and will operate and
the Abortion Clinto statues, IC 1621-2- ntain this clinto in accordance with those rifly that the operational policies of the c	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules.	and reasonable character, are able to comply there under, 410 IAO 26 and will operate and ipon race, color, creed, or national origin.
the Abortion Clinto statues, IC 1621-2- ntain this clinto in accordance with those rifly that the operational policies of the c	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules. Linic will not provide for discrimination based to the contraction of the co	and reasonable character, are able to comply there under, 410 IAO 26 and will operate and ipon race, color, creed, or national origin.
the Abortion Clinic statues, IC 16-21-2- ntain this clinic in accordance with those riffy that the operational policies of the c rear and affirm under the penalty of perturbate and that I will comply with all regulature of the Medical Director:	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules. Linic will not provide for discrimination based to try that all statements made in this application alternation laws, ond rules governing the licensing	and leasonable character, are able to comply there under, 410 IAC 26 and will operate and there under, 410 IAC 26 and will operate and thom take, color, creed, or national origin. and any offectionents thereto are correct and g of clinics in Indiana.
the Abortion Clinic statues, IC 16-21-2- ntain this clinic in accordance with those riffy that the operational policies of the c rear and affirm under the penalty of perturbate and that I will comply with all regulature of the Medical Director:	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules. Linic will not provide for discrimination based to try that all statements made in this application alternation laws, ond rules governing the licensing	and reasonable character, are able to comply there under, 410 IAO 26 and will operate and ipon race, color, creed, or national origin.
n the Abortion Clinip statues, 10 16-21-2- Intain this clinic in accordance with those rifly that the operational policies of the c rear and affirm under the penalty of pent uplate and that I will comply with all regul mature of the Medical Director: lied Name and Tille:	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules. Linic will not provide for discrimination based to try that all statements made in this application alternation laws, ond rules governing the licensing	and leasonable character, are able to comply there under, 410 IAC 26 and will operate and thore under, 410 IAC 26 and will operate and thore under, color, creed, or national origin. and any offectionents thereto are correct and g of clinics in Indiana.
In the Abortion Clinio statues, IC 16-21-2- Intain this clinic in accordance with those rifly that the operational policies of the crear and affirm under the penelty of pent uplete and that I will comply with all regul insture of the Medical Director: Ided Name and Title; of Signature (mm/dd/yyyy):	for a license to operate an Abortion Clinio (C) the owner(s) and operator(s) are of reputable 2.5 and IC 15-34, and the rules promulgated rules. Linic will not provide for discrimination based to the state of the second secon	and reasonable character, are able to comply there under, 410 IAC 26 and will operate and thore under, 410 IAC 26 and will operate and thorn take, color, creed, or national origin. and any offectionents thereto are correct and g of clinics in Indiana.

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

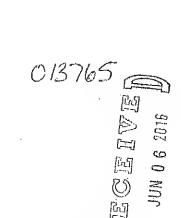
Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
V	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:





APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC
State Foim 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

		Division of Acu	le Care Use	Only	
Date Received (m	m/dd/yyyy)	Date Approved (mm	ddiyyyy)	Date Rejected ((mm/dd/yyyy)
Please Type or Pri	nt Legibly.				
		SECTION I - TYPE	OF APPLICA	TION	
Application (Check	appropriate item.)	•			
New Facility	Renewal D Sul	Change of Ownership (Anticip bmil a dated and signed copy of	ated date of Sa the bill of sale, t	nle/Purchase/Lease (mn/dd/) ease or other document of tra	vvvv)) insfer
<u> </u>		SECTION II - IDENTIF	YING INFOR	MATION	,
A. Abortion Clinic	Location		A parts		
		1 2 1 1.		1/ 1	1 . (
Planned Pa	irenthood	d of Indiana	and	KINTUCKY -	LUTAUCHE
Sireel Address (number	er and street)	Theire		,	P.O. Box
964 Mez	zahine	Drive	County	· · · · · · · · · · · · · · · · · · ·	ZIP Code +4
Lafauet	te		Couply Tippe	canoe	47905
Telephone Number	Fax Number	.,,	1 1		
765	765	Abortion Clinfo e-mail address:	ambe	r. Kawlews	Ki@ppink. or
446-	446-	, 10,011,011,011,011		,	
_		Tá Ma	ing noi	nk nra	
8078	8140	Internet Web Address: WW	יקקעיו	· · · · · · · · · · · · · · · · · · ·	
		_			
B. Malling Address	s (if different from a	bortion clinic location)			
Street Address (number	er and street)			, ,	P.O. Box
200 S. Me	ridian	St. Suite	<i>†00</i>		
Cily			COUNTY		ZIP Code +4
Indianas	oolis		Mari	OM	46225
C. Licensee/Owne	rship information				
Licensee: The applica	nt entity as registered	with the secretary of state	1	Warning along	140.0
Planned V	<u>arent nooc</u>	d of Indiana	_ ana	Kentucky,	
Street Address (numb	eridian	St. Swite	- 400	, F-1 11 (20)	F.O. BOX
600 J. FI	criman	OI JUIN	State		ZIP Code+4
Indianas	polis		India	ina	46225
Telephone Number	Fax Num	ber ENN	umber	Fis	cal Year End Date (mm/dd)
217.1027-	4343 317	1037-4344 35	- 000111	710	pie/30

1	l under this license:		
Code items 1 and 2 as follow	es: 1. Provided directly by em	stoyee(s), 2. Provided by a contract service, 3. 1	Both 1 and 2.
1. Anoillary Services:	Laboralory: CLL	A Certificate Number 15D 0340	690 D Radiology Counseling
	Family Planning	Pharmacy Other (List	<i>i):</i>
2. Surgical Services:	O Gynccology	Other (List):	· p dissipation in the same of
For item 3, indicate the total	number of individuals (employe	es plus contractors) warking in this clinic. This is	ichides howly, part-time, and full-time persons.
3. Staffing: Physician	s: 2 Registered Nur	N Licensed Practical Nurses:	O
			1-Health Center Manager
	Licensed Social Workers	Other (List title and min	1-Health Center Manager her: 3-Health Center Assistan
E. Number of Proces	dure Rooms Utilizing:		
Local análgesia/ar	nesthetic 2	Moderate/Conscious Seda	ation O
F. Type of Entity:		•	
For Profit		Non-Profit	Government
☐ Individual		Church Related	☐ State
Partnership			4-1-4-1
in Laureramb		Individual	☐ County
Corporation		Partnership	☐ Counly ☐ City
Corporation Limited Liability Compa	ny	Partnership Corporation	☐ County ☐ City ☐ City/County
Corporation Limited Liability Compa Sole Proprietorship		Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District
Corporation Limited Liability Compa	ny	Partnership Corporation	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat
Corporation Limited Liability Compa Sole Proprietorship	ny	Partnership Gorporation Limited Liability Company	☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federat

Officers (if the business entity is in		Name	Address/C	ily/State/ZIP
President/Chairperson/CEO	Marya Kim Gr	Rose	200 S. Me Suite 400	eridian st. 115, IN 462
Vice-President/Vice-Chairperson/COO			indianapo	115, IN 462
Treasurer/GFQ		Ringham		
Secretary	claudette	Einhorn		/
Ownership and/or Change in Owners il names and addresses of Individuals o line applicant entity. Indirect ownership i	organizations having			
The applicant entity, indirect ownership in the higher in a pyramid than the application Name	ni constitutes indirect o	ownership. (Uso nddilion Business Address/City)	in should hecessary.)	EIN Number
Nonc				
				
		<u></u>		
				
				····
		·		
	CERTIFICATIO	ON OF APPLICATION	eleccionation at the	ione and in compact of
ne undersigned hereby makes applications application, represents and shows that the Abortion Clinic statues, IC 16-21-aintain this clinic in accordance with the	t the owner(s) and ope 2-2.5 and IC 16-34, an			
serjify that the operational policies of the	clinic will not provide (or discrimination based	upon race, color, creed	, or national origin.
when and affirm under the penalty of pe complete and that I will comply with all reg	nium that all statements	s made in this application	and any allochments	
gnature of the Medical Director:	Justo	U(
rinted Name and Title:	John Stuts	man, Med	dical Dir	ector
ete of Signature (mmldd/yyyy):	5-20-11	e ·		
Ignature of the Clinic dministrator:	akin	<u></u>		
rinted Name and Title:	Imher Ka	wtewski,	Health Cen	tur Monago
ate of Signature (nun/dd/yyyy):	2120120118			<u> </u>
see the following page fo				

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

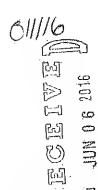
Check Oney	Total First Trimester Procedures in the Clinic	Fee
V	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

- 1, A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:





APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC

State Force 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

	, and the second se	Division of	Acute Care Use	Only		
Date Received (mm/c	id/yyyy)	Date Approved	l (mm/dd/yyyy)	Date Re	jected (mm/dd/yyyy)	
Please Type or Print	Legibly.					
Application (Check a)	ohronnala ilem l	SECTION 1 -	TYPE OF APPLICA	TION		, !
,	amounist fill) (hange of Ownership (Amil a dated and signed c	Anticipeted date of Sa apy of the bill of sale, to	le/Purchase/Lease lase or other docum	(mm/dd/yyyy)) pent of transfer.	
		SECTION II - ID	ENTIFYING INFORM	MATION		
A. Abortion Clinic Lo	cation			. ,		
Name of Abortion Clinic Planned Par	enthood	of Indian	na and	Kentuck	y - Merril	Iville
Street Address (number & CONN	end street).	Street			ZIP Code +4	
	ville		County	<u>e</u>	4641	0
Telephone Number (219) 769-	219 791-	Abortion Clinic e-mail क्	ddress: 1 <u>655/c</u>	a.stien.	barger ap	pink. ora
3500	0538	Internet Web Address:	www.ppi	nk.org		
B. Mailing Address (ortion clinic location)				
Street Address (number a	and street)	er cil	a HAD		P.O. Box	
200 S. Mer	Taian .	JT. JUI	County		ZIP Code +4	
Indianapo	lis		Mari	ON	46224	5
G. Licensee/Ownersl Licensee: The applicant		with the secretary of stat	е .			
Planned Pal Street Address (number)	renthood and street)	of India	na and	Kentuc	KY, Inc.	
200 S. Me	ridian	St. Se	ute 400			
Indianap Telephone Number	olis		State India	na	ZIP Code+4 46 22	5
Telephone Number	Fax Numb (317)		EIN Number 35-08742	76	Fiscal Year End Date (

D. Services provided	under this license:		
Code items 1 and 2 as follow	es; I, Provided directly by emp	loyze(s), 2. Provided by a contract service, 3.	Both 1 and 2,
1. Ancillary Services:	I.aboratory: CLLA	Certificate Number 15D D 340	1690 Radiology Counseling
	Family Planning	Pharmacy Other (List	v:
2. Surgical Services:	Gynccology	Other (List):	· · · · · · · · · · · · · · · · · · ·
For item 3, indicate the total	mmber of individuals (employee	s plus contractors) working in this clinic, This is	nelulex hourly, part-time, and full-time persons.
3. Staffing: Physician	s: 3 Registered Nurs	cs: Licensed Practical Nurses:	Z
:	Licensed Social Workers:	Other (List title and him	1-Health Center Manager 1-Health Center Assistan
Local analgesia/an	luré Rooms UtilizIng:	Moderate/Conscious Seda	ation [0]
For Profit		Non-Profit	Government
		Chiurch Related	☐ State
Parlnership		[] Individual	County .
Corporation		☐ Partnership	City
Limited Liability Compar	ny	(L) Corporation	☐ City/County
Sole Proprietorship		Limited Liability Company	Hospital District
Olher (specify)		Other (specify)	Federal
			Other (specify)
		•	

The same of the sa	corporated) Name		
Denoidant (D)		Addi	ess/City/State/ZIP
President/Chalrperson/CFO	Marya Rose	Suite	Meridian st. 400 Lpolis, IN 462
Vice-President/Vice-Chairperson/COO	Kim Green	Indiana	LPOIS, IN 462
Treasurer/CFO	Nathan Ringho		
Secretary	Claudette Einhor	'n	
l. Ownership and/or Change in Ownersh	ip:		
ist names and addresses of individuals or on the individuals of the in	rgenizations having direct or indirect or erest is an entity that has an ownership constitutes indirect ownership. (Use n	wnership or controlling in interest in the applicant of the different street if progress	lerest of live percent (5%) entity. Ownership in any
Name	Business Addres		EIN Number
			(:IIA IADINO6)
	CERTIFICATION OF APPLICATION		
e undersigned hereby makes application for application, represents and shows that the			
application, represents and shows that the or the Abortion Clinic statues, IC 16-21-2-2.5		able and reasonable char teil there under, 410 IAC	idiano, and in support of acter, are able to comply 26 and will operate and
intain this clinic in accordance with those ru			
rtify that the eperational policies of the clinic	will not provide for discrimination bas	ed upon race, cotor, cree.	d pruniforat adai.
rtify that the eperational policies of the clinic			
rtify that the eperational policies of the clinic			
rtily that the eperational policies of the clinic rear and affirm under the penalty of perjury splete and that I will comply with all regulate mature of the Medical Director:	that all statements made in this applications laws, and rules governing the lice	alion and any allochment nsing of clinics in Indiana.	s thereto are correct and
rtily that the eperational policies of the clinic real and affirm under the penalty of perjury splete and that I will comply with all regulationature of the Medical Director: led Name and Title:	that all statements made in this applications laws, and rules governing the lice		s thereto are correct and
rtify that the eperational policies of the clinic real and affirm under the penalty of perjury splete and that I will comply with all regulational under the benefit of perjury splete and that I will comply with all regulational under the Medical Director:	that all statements made in this applications laws, and rules governing the lice of the state of	ation and any attachments in sing of clinics in Indiana.	s thereto are correct and
rtily that the eperational policies of the clinic real and affirm under the penalty of perjury uplete and that I will comply with all regulationature of the Medical Director: led Name and Title:	that all statements made in this applications laws, and rules governing the lice	ation and any attachments in sing of clinics in Indiana.	s thereto are correct and

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
,	Zero to 799	\$500,00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).
- 2. Any supporting attachments.
- 3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
- 4. Payment made payable to "Indiana State Department of Health."

Mail to:



ZIP Code+4

12/31

45243-0100

Fiscal Year End Date (mm/dd)



City

Cincinnati

Tolophono Number

(513)272 0002

Fax Number

(513)272 0052

APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC

State Form \$2233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

Date Recalved (n	mm/dd/yyyy)	Date Approved (mm/dd/yyyy)	Data Rajactéd (mm/dd/yÿyy)
Plaase Type or Pr	rint Lagibly.		
		SECTION I - TYPE OF APPLICAT	/ON
Application (Chec	Zi Ronawai 🗆	.) Change of Ownership (Anticipated date of Selection) Submit e deted and signed copy of the bill of sele, lead	√Purchase/Lease (mm/dd/yyyy)) ise or other document of transfer.
		SECTION II - IDENTIFYING INFORMA	ATION
	^{inlo} d Group Profe	essional Corporation	
Street Address (numb 1201 N Arlingt	P.O. Box		
city Indianapolis	-	County Marion	ZIP Code +4 46219
(317) 353 9371	Fex Number (513) 527 4221	Abortion Clinic e-mail address: martyh@fo	ortemgt.com
		Internet Web Address: <u>WWW.WOMensn</u>	ned.com
B. Malling Address Sireel Address (numb		ebortion clinic location)	
	er anu suocij		P.O. Box 43100
city Cincinnati, OF	Н	County Hamilton	ZIP Code +4 45243
	ant entity as registered	n ed with the secretery of state fessional Corporation	
Street Address (numb		3 - P	P.O. Box 43100

Division of Acute Care Use Only

EIN Number

Slate

OH

31-1148155

Code nems 1 and 2 as follows: 1. Provided directly by en	playee(s), 2 Provided by a contract service, 3, Bot	ર્ણ 1 તમર્થ 2.
1. Ancillary Services: 3 Laboratory: CLI	A Certificate Number 15D353797	Radiology
1 Family Planning	Pharmacy Other (List):	
2. Surgical Services: 1 Gynecology	Other (List);	
For item 3, indicate the total number of individuals (employe	ees plus contractors) working in this clinic. This incli	udes hourly, part-time, and full-time persons.
3. Staffing : Physicians: 2 Registered Nu	rses: Licensed Practical Nurses:	0
Licensed Social Workers	Other (List title and mimbe	er);
E. Number of Procedure Rooms Utilizing:		
Local analgesia/anesthetic 2	Moderate/Conscious Sedation	ori O
F. Type of Entity: For Profit	Non-Profit	Covernant
		Government
☐ İndiaddual		
☐ individuel	Church Related	State
Partnership	Church Related	☐ State ☐ County
	Church Related Individual Partnership	☐ State ☐ County ☐ City
☐ Pertnership ☐ Corporation ☐ Limited Liability Company	Church Related Individual Partnership Corporation	☐ State ☐ County ☐ City/County
☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship	Church Related Individual Partnership Corporation Limited Liability Company	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District
☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship	Church Related Individual Partnership Corporation	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Retated Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District
☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Pertnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Pertnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Pertnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Pertnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal
☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other (specify)	Church Related Individual Partnership Corporation Limited Liability Company Other (specify)	☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐ Federal

G. Officers (if the business entity is Position		Name		City/State/ZIP
President/Chairperson/CEO	W Martin Ha	skell, MD	PO Box 4310 Cincinnati, Ol	
Vice-President/Vice-Chairperson/CO	o l		Cincinnati, Of	140240
			PO Box 4310	0
Treasurer/CFO	Valerie Hask	cell	Cincinnati, Ol	1 45243
Secretary	Valerie Hasi	llerie Haskell		0
			Cincinnati, Ol	45243
n tha applicant entity. Indirect ownership antity higher in a pyramld than the epplic Neme	ant constitutes indirect	ownarship. (Usa ada Businass Address/0	litional sheat if necessary., City/State/ZIP	ity. Ownership in an } EIN Number
N Martin Haskell, MD	PO Bo	x 43100, Cincir	nati, OH 45243	
The undersigned hereby makes application in the application, represents and shows the with the Aborton Clinic statues, IC 16.21	on for a ilcense to opere	reloc(s) are of reputa	(Clinic) in the State of Ind	alme are white to
rith the Abortion Clinic statues, IC 16-21 reintain this clinic in accordance with the	se ruies.			
ala alia stant than	clinic will not provide to		ed upon race, color, creed,	or national origin.
certify that the operational policies of the				
swaar end affirm under the cenalty of ne	ricry that all statements	made in this applica	Hon and how assists and	
swaar and affirm under the penalty of pe omplete and that I will comply with all rag	ricry that all statements	made in this applica	Hon and how assists and	
swaar and affirm under the penalty of pe omplete and that I will comply with all rat Ignature of the Medical Diractor;	ricry that all statements	s made in this applica as governing the licen	Hon and how assists and	
swaar end affirm under the penalty of peomplete and that I will comply with all rational lighter of the Medical Diractor; rinted Nama end Title; ate of Signature (mm/dd/yyyy);	rjury that all stataments julations, laws, and ruta	s made in this applica as governing the licen	Hon and how assists and	
swaar end affirm under the penalty of peomplete and that I will comply with all rational lighter of the Medical Director; rinted Nama end Title; alter of Signature (mm/dd/yyyy);	rjury that all statements julations, laws, and rula Martin Haskell, M	s made in this applica as governing the licen	Hon and how assists and	
swaar end affirm under the penalty of peomplete and that I will comply with all ray Ignature of the Medical Diractor; rinled Nama end Title; ale of Signature (mm/dd/yyyy); Ignature of the Clinic dministrator;	rjury that all statements julations, laws, and rula Martin Haskell, M	made in this applicants governing the licent	Hon and how assists and	

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and Improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Freseni

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

• Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically til patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- · Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

; will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women,
. MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. grees to provide a complete copy of any patient's hospitalization records to CFW latter, this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred to . via ambulance to the Emergency department.
MD Date 3.7.74 Date 7011/
Date



Hospital Admitting Privilege Agreement								
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.								
admissions to for any of her patients from the CFW.								
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.								
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.								
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.								
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.								
MD) Date								
MD Date 2014								



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
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CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement,
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
MD Date 2014



	Ħ.	ospital	l Admi	tting)	Privile	ge A	greement
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) is	s in ag	reeme	nt that		is patie	ents :	will provide all emergency from the CFW.
ato ent' ital	r and 's stat l, mak	clinic (us. Th ing he	doctor(s) will	provi	de pa	ertinent information to me will accompany or meet the se doctor and the patient,
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oval t's	l/relec	an C		atient, ords to	Dr. CFW	undi	agrees to provide a comple er this agreement.
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June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Speciaity:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DÖ

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Steff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has mel the necessary requirements to maintain membership on the Medical/Dehtal/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties;

Gynecology

Date of Appointment:

04/27/1698 to Present

Staff Category;

Active.

A review of this precilitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS warrager, wedical Staff Services

. .

June 3, 2014

DÓ

RE

: Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS Manager, Medical Staff Services

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"* INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST PPCG 221 8 Received

2015-12-08 11:00 YYYY P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I Ind. In

If the covering GYN physician of the day at either of these hospitals is

uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and
Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient
needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my coil number is i Please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evallable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 1 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

and Dr. Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

land I have admitting privileges at] If the covering GYN physician of the uny appropriate of these hospitals is uncomfortable with any postabortal services patient from Planned Perenthood of Indiana (PPIN) needing admission. I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need

Formuntted: Fonts Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the according, before the patient has left the In addition, my cell number is facility, contact me by calling my office a "Please provide the patient's name, reason for referral, current medical

condition and means of transport. A copy of all available patient records should be

cent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling-· Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

June 10, 2016

indiana State Department of Health Division Director Randail Snyder

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited

physical requirements. membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and The above practitioner has met the necessary requirements to maintain clinical privileges and interpersonal and communication skills, professionalism, and systems-based practice. competency - patient care, medical/clinical knowledge, practice-based learning and improvement, focused professional practice evaluation. We monitor our practitioners in six areas of general engage in peer review, quality management activities, ongoing professional practice evaluation and Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory

Facility:

Staff Status:

Staff Appointment Date: From: 04/06/2004 - Present

Active

Specialty: Family Practice Department/Section: Family Medicine~

if you need additional information, please contact me.

Sincerely,

Eax: Phone:

From: Sent:	Friday, June 10, 2016 12:42 PM		
sent: To:	Snyder, Randall		
Subject:	RE: Privilege Verification		
unknown senders or u	•	NOT open attachme	
Mr. Snyder,	en James en d'Addrésia de mars e quad field sementa air que na actue en 1990 de la c entra de la companya de la c	gendings principle on manuscript of contracting the American Conference on the Conference of the Conference of	
This is to confirm that : reappointment by Februar	. M.D., does have admitt y 1, 2017.	ing privileges at !	He is due for
If you have any questions,	please do not hesitate to contact me.		
Thank you.			
Director			
Medical Staff Affairs		•	
Office:			
Fax: .			
Email:			
	The Sound selection of the St. This was 3	and the same of th	gg gellet en end en et greenheideringen tempelet), en telligisk de frieg et ende fler et gree
From: Snyder, Randall [m Sent: Friday, June 10, 20;	allto:RSnyder1@lsdh.IN.gov] 16 12:33 PM		
To: To	10 12:00 1:11		
Subject: RE: Privilege Vei	rification		
Ms.		•	
	16-16-34-2-4.5(c)(2), "The state depar	tment shall verify the vai	idity of the admitting privileges
document"	received an admitting privileges docu	mant in research to a line	sciero santientini au filo with
the department.	received an admitting privileges bock	mentan regards to a licer	izers abblication on tile with
-	ate law, please verify that Dr.	currently holds ad	mitting privileges as of the date
	opointment date of 2/1/2017.	•	,
I have included last year's	request for reference should it be nee	eded.	
A reply, like the one date			
Thank you.			
From: 1 %	• •	·	
Sent: Tuesday, October 2			

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

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Attachment

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Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Déar Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and and I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and ind . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

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I have admitting privileges in Obstetrics and Gynecology at and
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i agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

August	27	20	١	5
4 THE WALL	4117	~ 0	1	•

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of ... patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of ... Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder Indiana State Department of Health 2 N Meridian Street Indianapolis, IN 46204

Re:

MD

Is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(les)	Staff Category	Status
•	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inacțive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

. MD

June 1, 2016

MD Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges is admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

.MD

, M.D.

Dear Dr.

On behalf of the Board of Directors of It Is my pleasure to notify you of your reappointment to the Medical Staff of for two years. Your reappointment has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff Office If required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

PH, T

PEF '

βħ

PH:

June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE.

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Stuff, Bused on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstelrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison

Medical Staff

Name

Physician Privileges

Physician (4)

ObstationarCynepalogy APPROVED:2009 Page 1 of 3

Status

Physician Privileges

Privileges Effective lists

40139 M, D. 6/10/2016 (lain 6/9/2018 Active Privilege Division Speciality Section Description Privilege Description Number Admir, avaluate, illegiose, treat, and provide consultation, pre-, inira-, pend-uporativo care accessary to correct or treat female parients of all ages presenting with injuries and disorders of the fernal reproductive system and the genilitarinary system and non-surgically front through and injuries of the mammiry glands. The cure provileges in the specialty include the procedures listed and such other procedures that are extensions of the sains techniques and skills. Parkirmines of history and physical exam -Adneral surgery, locheding overtee cyarctomy, copherushimy, sulpinguistomy, and conscreative pricedures for tremison of compie pregnancy - Aspiration of breast misses -Cervicus biopsy, including contention -Culpucisies -Culpoplassy -Culposcopy -Cyntoscopy se part of gynecological princedure Diagnostic and therapeutic 13&C -13iagnostic and operative Laparoscopy (either than tubul sterilization) -Replicationy beparatomy, for diagramia and treatment of polyto pain, polyte musu, hemoperitoneum, endementionis and adhesions -Endomeri's abbition Gynecologic conography - Hysteristiamy, abilioning. vaginal, including lupanescopic -Hysteroscopy dispossic or ablative excluding use of *Obstotricsite Oynouslings EXCLUDING: VARIAN 3 PPROVED 2009 iyncuskigy Cirra Privileges resection recommes 4.81) of Bischestin cyst or Hysteroctomy, including perficul abstear 1811 of pelvic abserva -incidental appendactumy - Maraupialization of ipriosonate and Recovered listals Montains appropriated by American Million Symposited aurgical procedures (outbroaded buryes, distinct and courtings, incument of Barthella cyst and supersy) - Mctroplary, Myomoctomy, abdominal Operation for treatment of early stance carolinam of the vulva, vagins, endenictium, twory, ir cerviz, Operation for stuffization (tubel figation). arinary strive incentionnes; vaginal approach, conspublic methral suspension, silna procedure. Operations for treatment for benign pcivio discaso: Dest. with combining laparotomy, abdominal hydracestomy, vaginal hysionesomy, sulpingeolemy, ourisumeromy; Operation for uterine blooking (absormed and dysflutzional), Operative Laparoscopy for pelvio pain and inscribity, Repair of rectnocle, cultrottla, symbools, or polvio janlajse. Tuboplany and other infertibily surpery (not

Obsidiries Core Privileges

microsorgical), Umbilical & Indisjonal Hernis Repair with another gynecologic procedure, Uteroparal yaginal, Uteroviginal fixula, Vesicovaginal fixula, tectovagual fistola repair, Vulva, biopsy, Vulvectoury, Jimple

Admir, crainate, diagnose, ireas and provide consultation to female pulsation to female pulsation of oll ages,

und/in provide medical and surgical care of the famula reproductive system and associated disorders, including major medical discasor EXCLUDING: Hypogartrio

Page 2 of 3

that are complicating factors in programey, I he ture privileges in this specially include the procedures listed and such other procedures that his extensions of the some techniques and skills. Performance of history and physical exam - Amuloconicate - Amnio infusion Amulotomy of Oxyrodin induction Application of informal field and uterine To indicate the desirate of the property of Rabor by use of Oxylocia - Consercan hysterectumy, exercism section -Cerulago cervical biopsy or contention of cervix in pregnancy -Circumscision of newborn-External version of tweeth Hypugustric artery ignion immediate care of the newborn luctuding reinsultation and intubation) lapopretelion of feisl menitoring Low or mid forceps delivery, including rotations -Manufernesi of high risk programey incitation of such conditions as pro-clampain, publidarism, third trimester blending, introducine stown retardation, premature suplure of membranes, premium labor, and multiple estillaim unid placenta abaornialitics -Management of patients with/without medical sitratest or obstantical complications for corned before including mild townsia, threatmed abortion, normal grooperal patient, tornial enteriorium und postportuin care. autorium complications, fital demise -Manual struoval of placenta, victine carettage, Medication induce feed long maturity -Normal spontaneous vaginul delivery -Existencial disconguistic mondenin inchelug godgemit sitevolot todro bise viloingumparillu echniques Operative viginal delivery (algree to the life, vicerum extraction, breech extractions) of Communic of breech and multibini deliverica - Pedendal and paracervical blocks -Repair 4th dogree portical incentions or of corvicel or vaginal accentions -treatment of medici complications of programcy including programmy induced hypertension, charmic hypertension, diabetes multilus, recal disease, consulopathics, cardin discuss, criencias and homogloloopathics thyroid disease, sexually transmitted disease, pulmobery discess, thermhosenholic discretene infectious disease, octopic pregnancy mid other auxidents of pregnancy, such as incomplote, complete or massed abortion - Vegical birth after oneseroen acortion (VRAC) - Hydrallumy and requir -Syxunlamonus suginal delivery condulis - Anestheria and anelgesis; 1. Parentenal sediction IM & IV; 2, Local; 3. udenal block, 4. Paragorvical binek

*Obstatribut/Gynepology APPHOVED: 2009

Reproductive Endocrinology Core Privileges

Admit evaluate, diagnose, west and provide inperior or compations correctation to polimic of all ages except as specifically excluded from pratice with problems of fentlity. Privileges incince but are not territed to -Cantole intrafallopien transfer (CLLPT) -infertibly and endocrine evaluation including ovalation induction, diagnosis and treatment of hyperproductinentia, hirautim, ancromben, hyperprolactionma-function proceedings of cocytex-Ultrasound retrieval of cocytex-Technique of IVF including transboominal insurvaginal ava harvesting, emirror transfer - Microscopical activate and time disconnections to retents legimobde-estal- policingly

EXCLUDING: Guuste intrafeliopian (G.LF.T.)intentity and endocrine eviduation including wulatkan indentien, disuprises and lossiment of bicatism, emonombes, apparentopic retrieval of occytes, Ultrasopnei retrieval of oncytes, l'echnique of IVP necluding ndisadiominal/transvagina ova harvasting, cinbryo rausfer, imms-abdominal moder of gumetes and

Page 3 of 3

			genetes and eyentes -Coline and fertilization of oneyles	expectes - Culture and fertilization of cocytes
*Obseries&Gynecology	9	-	Admit, évaluale, diagnosé, ticat and provido consultation, pré-, impa-, and post-uperative care necessary in current ur treat. Eduale potients of all eiges présenting with hymries and disorders of the genitourinary system. Privilèges heliede but are not limited in Cystokiony-Cyalukumy/Lyakukiomy-Collagen injection-Pubovaghud methral suspension/slim, Paravaginal repair- Uterosaccal entposuspension-Sacrosolpopexy-, Scartaphious ligament stupeasion- Muticipanusi urodynamic testing	HXCLADING: Collegen

June 10, 2016

Indiana State Department of Health 2 North Moridian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lien of your questionnaire.

Membership on the Medical Staff of the? is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or dehial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology Obstehrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician ID 49601 Namo

IMO

a, D,

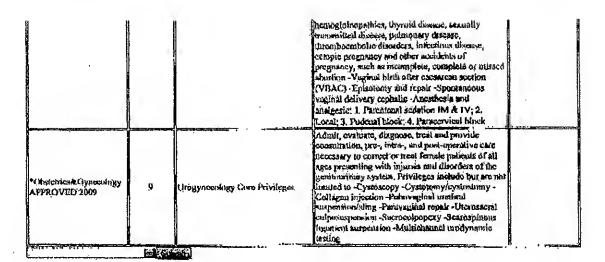
Privileges Effective Date 6/10/2015 thru 6/9/2017 Stintum Active

Division Speciality	Privilege Number	Skelfon Description	Frivitege Description	Notes
			Admit evaluate, diagnose, treat, and provide consultation and surgical and therapositic measures to female patients with symbonized cancer and temperate patients resulting these from, including carcinomas of the cervia, overy and faitopian tabes, uterns, sulva, end vegina and the performance of procedures on the howest, unclimit, and bludder as indicated. The sure privileges in this apecularly included the procedures listed and such other procedures that are extensions of the same exchangues and skills. Performance of history and physical exam. Chemotherapy Lymphadenestonies (inguinal, temoral, pelvic, one another histories, privile, one a sense). Microsongery hypocutanopies that a thin grating. Pers swite and polvic hymph mode dissocition. Pelvic examination (unlaries, posterior, total) -radical hysterechamy, volvectamy and	
*(Ibstoinicsættyaccology APPROVED 2009	5	Oyaccologia Oncology Colo Privileges	staging by lymindenceomy. Radical surgery for treatment of gynecological malignancy to include procedures to bowel, motor, bladder, as indicated procedures to bowel, motor, bladder, as indicated. It stated of invasive careament of the yagina by radical valuectomy and other related surgery. Treatment of invasive excisons of vilva by radical valvectomy with groin dissection. It realment of malignant discase with observational treatment and malignant discase with observation of intracavity fediation application. Surgery of the gastrointestinal trace and upper abdomen, including placements of familing figurations/gastrointestinal uses and upper abdomen, including placements of familing figurations/gastrointestinal procedures in analytical placements. Parameters of small beyon, mucous flating figurations and regrations of familia securities and regrational figures of familia procedures of small beyon, mucous flating.	
Visiteirisak (i viccology APPROVED 2009	7	Gynecology Core Privileges	Adunt, evaluate, diagnose, treat, and privide consultation, pro-, lattie-, post-operative care recessing to correct or steat timelo paticults of all ages preceding with injuries sind disorders of the femal reproductive system and the geniteurinary system and non-surgically frest disorders and injuries of the muranary ylamin. The curre paiyilogos in the specialty include the procedures listed and such other procedures that are extensions of the name techniques and skills. Performance of bistory and physical exam -Admend surjecty, including ovarian cyalactomy, corphorectomy, salphugoctomy, and concretative procedures for treatment of entopic programmy -Aspiration of Cortical bispay, including contraited approaches part of gynicological procedure - Diagnostic and treatment of pelvic pale, pelvio mass, itemperature and reclaiment of pelvio pale, pelvio mass, termiperatureum, conformetroire pain amongraphy - Hystoricotomy, abdomitini, vacinal, metadning	

Page 2 of 3

spuruscopic -l'iysteroscopy, diagionatio in shiutive xeluding use of resection technique -140 of Hartholin taysl or perincul abovest -LAD of polyic ansceer -Incidental appearactomy -Musuphilization of Dartholin cyat - Metraphisty -Million gynocological surgicul printedatus (endomortal blopsy, sillation and curettage, resiment of Hartholia cyst and abscess) Metrophyty, Myonischemy, abdominal, Operation flar breakment of early stace carcinoma of the vidya. ingme, endométrium, overy, or ecryix, Operation for statilization (mbal ligation), Operation for heatrucat of utinary stress incredimence; various approach retropable unstand suspension, slung proceeding, Operations for treatment for benien efviu disease; D&C with contection, lapacotomy, shelverinal hysierectomy, vaginal hystorectomy, talpingochimy, conkoccetomy: Operation for utcrine blocding (abnormal and dynfunctional), beauties impartment for being bein will infertility, Repair of rectocale, enterocale. yatocale, or pelvic paslapse. Tuboplasty and other infertility surgery (not microsurgical), Umbilical & lisclational tricrola Ropair with another gynaculogic procedure, Uteresseral vaginal, Diensvaginal fixtule, Venienvaginat fishele, rectoveginal fishala gul, Vulva binny, Vulvectomy, simple Admit, evaluate, diagrams, treat and provide consultation to female patients of all ages, and/or *Obtienica & Gyncrology Obstatics Care Privileges AITROVED 2009 provide medical and surgical care of the female reproductive system and associated disputiers, incinding major medical diseases that are exemplicating factors in pregnously. The core privileges in this specially kickede the procedures listed and such other procedures that are extensions of the same recliniques and skills. -Performance of history and physical exam -Amnicoments -Amnic infusion -Amniotomy or Caylorin induction -Application of internal folds and alcoine monitors Augmentation and induction of labor by use of Oxylociu -Cacsarcan hysteropromy, escaucau rection -Corplago -Cervicus biopey or combation of corvix in programcy Chramminism of newborn -Haterial version of breach - Hypogastric artery ligation -listmediate care of the newborn (including reservoismen and humberlon) -intrepretation of feat moralisting -larw or mad forcepe delivery, including rotations - Management of high risk programmy inclusive of such condutions as pre-clampsia, postdericin, third trimester blooding, intractive growth rotaciation, promisero regimo of membranas promitted labor, and multiple gestation and placents absormalities. Management of patients with without medical surpleal or observateal complications for normal labor including mild toxemia directored abortion, normal properat pations, sormal antequation and postportum care, and parties complications, fetal demiss Manual removal of placenta, utermo muchogo -Medications induce fetal lung materity -Normal Tontancous vaginal delivery Chaletrical happroduc princedures, including ultrasonography and other relevant imaging techniques -Operative yaginal delivery (including forcess, vactors extraction, baseon extraction) -Perflammes of weech and midlifetal deliveries -Puttendal and parintervical blocks Repair 4th degree parineal accrations or of octylest or vaginal laccrations treatment of modial confidentiation of pregningly including pregnincy induced hypertention, chronic hypertension, diabetes moltinus, renal disease, agulapathica, cardiso discuso, unumlus and

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT:

Obstetrics/Gynecology

SPECIALTY:

Obstetrics & Gynccology

CATEGORY.

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

Medical Staff

Page 1 of 3

Physician Privileges

Physician Privileges

 Physician ID
 Name
 Privileges Kifective Bule
 Status

 40360
 1 M D.
 7/6/2013 thru 7/9/2017
 Active

Bylaina Speciality	Privilege Number	Section Description	Privilege Description	Notes
*Objection&Gyncoology APPRGY4U > 2800	T T T T T T T T T T T T T T T T T T T	Gynceology Cone Privileges	Admil, evaluatio, diagnoso, treal, and provide consultation, pro-, intra-, post-operative care accessary to portect or freat female patients of fill ages presenting with impries and distributes of the foral reproductive system and the genitourinary system and sur-surgically freat distroders and injuries of the manusary glands. The core privileges in the specialty lockate the procedures listed and such other procedures that are extensions of the same techniques and akilia, Archimment of history and physical exam-Admend surgery, acts diagnostic understandly, opploated may including oversion updated may, opploated may, including contraint of electoric pregnancy - Application of treatment of pregnancy - Application of the application of the approach procedure - Organistic and the appendix particularly path period path period path period path period path acceptance and treatment of policy path, petric mass, become from the blation - Gynocologic comparably - Hystorectomy, abdominal path procedures excluding use of resection tendique - 14.0 of for the abscess - Incidental appendixtomy - Manuscalalization of Battholic applications of the vidual vagina, endometrium, overy, or tervise, Operation for testiment of urbany stress incontinence, vaginal approach, retrupable ureful suspension for the vidual procedure, Operations for urbanical procedure, Operations for urbanical procedure, Operations for urbany stress incontinence, vaginal approach, retrupable ureful suspension, inputiumly, saffengestermy, unpharectomy, vaginal systemental, Operation for derive bleeding (absormal and dyshinctowel), Operative Lapatraccopy for polytic pain and infertility surgery (not successingles), Unitalied & Incistum & Hornia Repair willing for the procedure, Corector profess, Techniquation fixtule	
ADBECOARIO ŽŪRO	21	Noa Core Privilegas	Robelle da Virai Sorgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.C. 2. Muthanta formal training: successful completing as ACMMF/ACM accordined training program i cardiotheractic surgery, general surgery installing colonizated surgery, gynounlegy or urulogy, Katharyngology, bariatrio surgery and/or appropriaturgical subspecialty. 3. Clinical privilege fist open appearation that will be performed on the daVinci	in in

Page 2 of 3

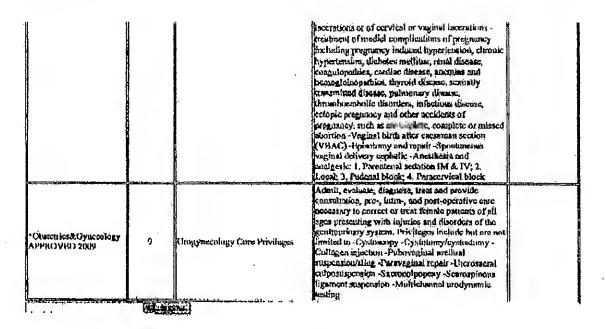
Surpical System, or documentation of training and experience commensurate with the requirements for cirtaining privileges to portigin the open procedures, 4. Documentation of satisficatory completion of the PDA-mandated training course I the afterior of the minute surgical system which must include an em-site system training plus one day off cite training at the laturite Surpleal Inc. (131) Training Court, 5. downserration provided by USI of Laving observed at least two (2) robotic operations performed by un experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Corrently meets the above qualifiations and currently has full privileges to perform da Vinci marginal systems mucture at empher facility. Physicians musting these criteria must indicate all facilities where they perform this procedure and provide a case by uf procedures done and outome data in the past 12 menths as well as providing the documentation listed above, AND 1. Documentation of having abserved at least two 92) rebotic operations retitimed by an experienced surgoon. 2) An identified proctor for two (2) cases by a secund surgoon in the same surgical specialty who has met the above requirements. Additional proctored eases muy be at the discretion of the proctor and/or thus. Chadentials and Professional Standards Committee OR De proctored by a daVinei Intuitive Surgical to obiation to oblam more respond perorder Methodisc Haspital. (approved 6/4/12)

Obstelria & Gyncosingy ATTROVED 2009

Olutonics Core Privileges

Admit, avaluate, disenses, trest and provide consultation to threate patients of all ages, and/or workle medical and surgical care of the female esphinist betalunera bus makes evikuliungs including major medical diseases that are complicating foctors in sectionary. The cure privileges in this specialty leaded the probedures isted and such ether procedures that are excension. of the same rechniques and skills. Performing of history and physical exam Amuloccutes a Amulo inflution - Anadotomy or Oxyrocia induction -Application of internal field and storing monitors Augmentation and industries of John by 140 of Oxytocia «Coestreas hydrametumy, line section -Cerciage -Cervical biopsy or contriction of pervix in pregnancy -Circiancision of newhorn -External version of brooth Hypogastale arrery ligation -immediate care of the newborn (uncluding resumediation and relabolism) -interpretation of first monitoring -Low or mid throops delivery, include relations - Management of high risk pregumecy multiviro of nuch conditions as pre-clampsia, postdition, third transitor bleading, intraducing growth retardation, pressoure rupture of membranes, promisture labor, and multiple gesistion and places to abnormalities binnagement of patients with without modical surgical or observation. complications for mornial labor including mild toxespia, threatened abortion, normal purporal prilent, pormal autopartum and postportum cure, mathetam complications, fixel domiso -Medical removal of placents, alterine corestago -Medicadento leduco letal lung materily -Normal printaneous vaginal dolivery -Obstenical diagnostic percentures, including physionography and other relevant imming techniques -Operative vaginal delivery (including forceps, vaccium extraction, breech extraction) - Performance of present and amiltidatal deliveness -Pudential and armiorvical blocks-Repair 4th degree perincal

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

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DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

CATEGORY.

Λετίνε

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

" 'Medical Staff

Page 1 of 2

Physician Privileges

Physician-Ul Name 13243

M.D.

Privileges Effective Date 9/10/2014 thre 8/9/2016 Status Activo

Division Speciality	Privilege Number	Section Description	Privilege Description	Notes
Ofestalvier&Clyascology		Gyacoology Cons Privileges	Admit, evaluate, degroes, troit, and provide consultation, pre-, intra-, post-operative care intestacy to colicut or treat familo patients of all ages presouring with lifteries and disorders of the timal reproductive system and the gesituatives with an example patient of the timal reproductive system and the gesituations of the timal reproductive system and the procedures standing and such other procedures that on extendings of the same techniques and skills. Performance of history and physical same -Admend surgery, including ovarian oystertomy, cophorectomy, adjunctiony, and conservative procedures for treatment of ectopic pregnancy -Aspiration of trease masses - Cervical biopsy, including coulzation -Coppotelets -Colpoplasty -Colposcripy -Cystoscopy as part of gymocological procedure -Diagnostic and therapeutic 1880. Diagnostic and permitted faparamospy (other than tabal starsfituition) -Exploratory laparatomy, for diagnosts and treatment of pelvic pain, telvic massestatioperioneum, undomericals seed adherance -Indianacial physical surgery - Hystocopic -Hystocopy, diagnosts or attative excluding use of research tochnique, 1800 of pelvic almost startific sixting figures and permitted treatment of permitting physical surgery - Metroplasty - Milor gystocopic -Hystocopy, superalectumy - Metroplasty, Mysomescopy, abdominal, Operation for treatment of Bartholin cyst and abscess) - Motroplasty, Mysomescopy, adominal, Operation for treatment of Bartholin cyst and abscess) - Motroplasty, Mysomescopy, superalmy, coperation for treatment of treatment of carly langs continuous of the virtus, vagna, extometions, ovary, or cervis, Operation for treatment of the representation (total ligation), Operation for treatment of the representation (total ligation), Operation for unitarities and termital department and dysfunctional). Operative laparamospy for policy pain and unitarities aparamospy for policy pain, plant pain and intertities and termital department and dysfunctional). Operative in paint sector pain with the formit d	
Observate Gynecology PPROVED 2009		Chalatrius Cand Privileges	repets, Velvar blopsy, Vulveccomy, simple Admit, evaluate, disember, treat and provide consultation to female patients of all ages, unifor provide medical and surgical care of the female reproductive system and associated floorders, including major medical diseases that are complicating factors in prognancy. The core privileges in this specifity include the procedures listed and fact other procedures that are extensions of the same becoming an addition—forthermance of	

turnory and physical exten - Amanocomtenis - Amoin inflation - Arimitotomy of Oxytocin induction -Application of lummid total sed startes monitors Augmentation and industries of labor by use of Oxytocin -Cacarress hysteroclosity, cacratetis scolon Carolina Carvical biopsy or contration of cervix in pregnancy - Circunctation of newborn -External version of breech - Hypergradic artery ligation -inmedials care of the newborn (including resusciention and inhabition) - intropression of fictal moniforing - any or mid forcess delivery, including rotations Munugement of high risk prognancy molushes of xuels conditions at pre-clampais, passdutism, third trimester bleeding, introderine growth teteribilion, promisero reputer of membranes. presenture labor, and areatiple gentation und placetita abdormalities -Management of policies withweithout medical surgical or obstetrical complications for numbal labor including mild huxenio, threatened abortion, normal pisspenal parient, cormel amepartum und postpurium eu c, postpartum complicistimes, fistal damino -Mantal numovat of placemu, interino curettage -Medianionto induce fetal lung platerity -Normal Merination induct fetal long maturity -Normal equatureous vaginal delivery -Obstatical displotitic procedures, including ultrannography and other relevant imaging behalques -Operative vaginal delivery (including fluvepa, vaccum extraction, process extraction) -Performance of breech and multiful deliveries -Pudeodal and paraecryical blocks -Repair 4th degree perinent - Anothern Indiger of carvical or veginal isopretions treatment of medici complications of prejumey incining programcy induced hyperionsius, chronic hypertension, disheles multius, renal disease, or regulirpothics, curdiac disease, anomins and remiglolacoothics, thyroid disease, sexually transmitted disease; pulnionary disease, thrombocmbotic disorders, inflictious disease, octopic programmy and other sucidents of programcy, such as incomplete, complete or missed abortion -Various birth after encourages section (VHAC) -Unserteny and repole -Spomancous reginal delivery expitatio - Amesthesia and unalgorio: I. Perentonal aculation IM & IV; 2. Local; 3. Pudoval block; 4. Paracovical block PER PROPERTY.

Status Privileges Effettire Date Physician ID 6/10/2014 thro 6/9/2016 Antivo M: D. 40139 Netts Petrilege Description Section Description Division Speciality Admit, cyclosic, diagnesa, trest, and provide consultation, pre- intra- pan-operative care accessary to correct or treat female paperts of secretary to correct or treat female pelicits of all ages presenting with injuries and disorders for the femal reproductive system and the seen tourisms payatem and non-regulately treat distroders and injuries of the markinary glands. The core privileges in the specialty broades the proceedings into and such other procedures. that are meteology of the same techniques and highes. Performance of the large yeard physical learn - A document august, including quarian cystociomy, cophoractomy, a styling colomy, and conservative procedures for measures of the procedure of the procedure. and conservative processors on measured of colopic preparation —Aspiration of breast massives «Cervical hispoy, including confirming Colopodasis «Colopodasis »Colopodasis »Co sterilization) Bustonstory teperotous, for diagnosts and treatment of pervio pain, pervio mass, betto periodizate, endometricals and adjustions -Endometrial shirtless -Clynecologic sonography -Mystoteotomy, abdominal, varius, including improscopio -llysterescopy, EXCLUDING: Yashal in section in the control of the con Hystorecomy, tacheding Obstational Gynochiczy Gyneodlogy Coro Privileges sparoscopic siid Jierovegina fiziola APPROVED 2009 Bartholin oyst - Metroplisty - Minor granological surgical procedures
granological surgical procedures
granological surgical procedures
(undersould be backet)
(undersould fill buffeld in system and curvatage,
(undersould fill buffeld in system and curvatage,
(undersould fill buffeld in system and curvatage)
(because of curvatage)
(procedures of curvatage) carefrome of the vulve, vegine, endometrism, avery, or covine, Operation for similization (tabal ligation), Decration for beaming of latickry strata inconfidences; regimel approach, retropuble arother assertation, sling procedure, Operations for treatment for benign pravite disease: D&C with confunction, aparotomy, abdominal hystorectomy, vaginal bysterodomy, sulpingentomy, cophoretiomy: Operation for utating bleeding (sonomal and dystinothnia), Operative Laparoscopy for pelvic pain and infortiffly, Repair of rectocolo. pervice pain and microthy, heart of recording enterpole, systocale, or polvic profupac, full opinisty and other intertility surgery (not interconnical). Dathifical & neisland Hernia Repair with another synacologia procedure, (Variouscal vaginal University) affecting from the profusional factors are surgery, values only, simple Admit evaluate, disgness, trest and provide EXCLUDING: Hypogastric Obstetrics Core Privilegta *Obstatricut Gynecology APPROVED 2009 containation to fermio patients of all ages, und/or provide medical and surgical care of the femule reproductive system and associated disorders, including major modical discusses

that are complicating factors in preparaty.
The eine privileges in this specially include
the procedures thated and such other inc processors times and pure other processors that are extraordent of the same introduction and skills. Performance of history wind physical court Armicomists - Armicomi nonitors - Augmentation and industion of labor by use of Oxylocia -Catsaroni hysteroctoniy, escateen saction Cerclant cycles biopty or outsetton of carrier in Corycles biopty or outsetton of carrier in programmy -Chromotism of paraborn - External vertice of trooch -Hypopastic attery figurios -immediate care of the newhorn mehading resuscitation and imphation) intropretation of fetal monitoring Low or inid foreign delivery, including remotes -remagament of high risk pregnancy inclusive of such conditions as pro-damps is, nost-dations, third transpare blooding, intravious genuin state dation, premature regime of intentiones, premature labor, and multiple gentation and placents absorbabilies— Management of patients with whom medical surgical or obstetrical complications for normal labor kichiding mild toxomia Business abortion, normal purporal parient. normal enterpertury and postparture care, postparture complications, first destrict -Manual rendoral of placents, thermo currentse Medicationin induce that lung manually a Normal spontaneous vaginal delivery Obstatrical disenseds procedures, including altrasonography and other relevant lengthy socialiques Operative vaginal delivery kincluding sprups, viscoum extraction, breach fecturation). Performance of prooch and proditional deliveries. Puberdal and person blocks Repet 4th degree person becations or of carviosi or vaginal excitations disagreeat of modici complications leartitions desarrout of mental computations of pregnancy including pregnancy indicated the properties of fictions of the properties of fictions, and includes consultant of the properties and homogloinopethics.

The properties and homogloinopethics of the properties of the properti pulmentry disease, firemboambelle disorder infactions disease, extepte programey and chi accidents of programmy, such as incomplete, complete or missed abortion. Vaginal birth miter edecarrant section (VBAC) -Episidany and repris -Spontaneous vaginal editory capitalic -An ambanta and analysists. Perceitarel sediction IM & TV; Z. Local; 3. oderal block; 4. Piersporviosi block

*Observation Operations APPROVED 2009

Reproductive Endowinelary Core Privileges Admit, eviduate, diagnose, treat and provide impatient or compations consultation to patients of all agree except as specifically evoluted from praise with problems of farfillips.

Privileges include but are abilitated to Camobe interfellips in transite (C.1.F.T.) infartity and andocrine evaluation including leveriation induction, diagnosis and treatment or invasion, amenorated, hypoprolactinemis - Laparoscopio reprieval of copyles. Ultracorned nutricular of courtes - Technique of IVF including transitedominal/instanyaginal cus involveding, ambiyo transfer Microarnetial transitoracia and tobouterine dipplications. Intra-abdominal transite of

EXCLUDING: Gamate intrabileptar (G.L.F.T.)infertility and endocrine infertility and endocrine ovulation including ovulation induction.
disgnosis and treatment of Misuation, ambiouthous, ambiouthous, internationals, Laparoscopic retrieval of cocytes, Ultrability international of cocytes, Ultrability international of cocytes, including international or ocytes, embryotranses, intra-sholoninal transforminal
į			guncies and zygotes -Culture and fintilization of cocytes	ayyotos Cultura and futilization of cocyles
*Obstabilse&Gyneoology APPROVED 2009	9	Urogynesology Care Privileges	Admit, evaluate, chagnose, med and provide consultation, pro-, litera-, and post-operative consultation, pro-, litera-, and post-operative consultation, pro-, litera-, and post-operative considerate of the agent conting with injuries and disorders of the genitourinary hydron. Privileges include but are not limited to a Cytoscopy - Cystomony/cystosomy - Collegen Cytoscopy - Cystomony/cystosomy - Collegen Cytoscopy - Cystomony-cystosomy - Collegen Cytoscopy - Cystomony-cystosomy - Cystoscopy - Cystomony-cystosomy - Servesinos and supposition - Servesinos ligament auspension -	EXCLUDING: Colleges

TIME RECEIVED march 17, 2015 2:51:10 PM EDT	PEWATE CSID	DURATION 139	PAGES 6	STAT	US TVed
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40 M	.RS	·			
March 13, 2015	•				
MD Planned Parenthood of Indiana a 8645 Connecticut Street Merrillville, IN 46410	and Kentucky				
RE: Backup Agreement					
Dear Dr.	•	•			•
abortion patients in the event of that requires hospitalization per We have admitting privileges in We will arrange pate services according to each patie should be evaluated at the close	iding your obtaining adm Obstatrics and Gynecolo tent admission and care nt's need, Of course, am	nitting privileges. Igy at for each puvent need y patient needing imn	ling urgeni	· I In	•
In the event our services are ne phone number listed with our n pager numbers. Please provide condition and means of transpo patient.	ames below. We have p the patient's name, reas	rovided you with our on for referral, currer	celi phone it medical	ลกุด	
We agree to provide you thirty for any reason.	(30) days' notice if we n	eed to modify or cancer 92 US W	el this agn	emant	
sincerely, take We are	core of G	res toping	tray	VS	
1		, MD ·			
MD -		•			

From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:59 #104 P.002/002

July 14, 2015

MD Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merriliville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be available at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (80) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely.	•
, MD	MD Phone:
, MD Phone:	MD Phone:

** INBOUND	NOTIFICATION : FAX RECE	IVED SUCCESSFULLY	WW,		
TIME RECEIVED	newire reth	DURATION 55	PAGES	STATUS Received	
April 13, 2016 4:27:44 PM EDI		N. El A		#0001/0001	
04/13/2018 18:30 PAX					
tur La				•	

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrilville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely, *	
Morrie	MD Phone:
MD Phone:	Phone:

Snyder, Randall			
From:	و سدر		
Sent:	Friday, June 10, 2016 12:42 PM		
Te:	Snyder, Randall RE: Privilege Verification		
Subject:	RE. Phyliega vermication		
**** This is an EXT unknown senders	ERNAL email. Exercise caution. DO NOT or unexpected email. ****	open attachn	nents or click links from
Mr. Snyder,			
This is to confirm that reappointment by Fe		ivileges at	. He is due for
If you have any quest	ions, please do not hesitate to contact me.		
Thank you.	,		
Dire	ctor		
Medical Staff Affairs			•
•	•		
			·
Office: f	•		
Fax:			
Email:			
From: Snyder, Rank Sent: Friday, June 1 To: Subject: Ke: Privile		раустарыну алтын аларатуры ў адатарада аўш	grafers and regulation has \$1, signs adequate requires making), view to \$-3 september and disjoint to be
Ms. '`			
document"	Code 16-16-34-2-4.5(c)(2), "The state departmen		
The state department.	nt has received an admitting privileges document	in regards to a l	icensure application on file with
	t to state law, please verify that Dr.	currently holds	admitting privileges as of the dat
	a reappointment date of 2/1/2017.		
	year's request for reference should it be needed. e dated 10/20/15 is sufficient.		
Thank you.	•		
From:	·		
Sent: Tuesday, Öci	ober 20, 2015 10:42 AM		



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at in and in admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privilegee at anc

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services ere needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility; contact me by calling my office at . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meane of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

....., M.E

Dear

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Jerome M. Adams, MD, MPH Slate Health Commissioner

July 11. 2016

KRISTI BLEDSOE, ADMINISTRATOR ST VINCENT FRANKFORT HOSPITAL INC 1300 S JACKSON ST FRANKFORT, IN 46041

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,





Jerome M. Adams, MD, MPH Slate Health Commissioner

July 11. 2016

TERRENCE KLEIN, ADMINISTRATOR FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE 1710 LAFAYETTE RD CRAWFORDSVILLE, IN 47933

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,





Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

TERRANCE WILSON, ADMINISTRATOR FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST 1701 S CREASY LN LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,





Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

DONALD CLAYTON, ADMINISTRATOR INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL 5165 MCCARTY LN LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,





Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

JANE CRAIGIN, ADMINISTRATOR ST VINCENT WILLIAMSPORT HOSPITAL INC 412 N MONROE ST WILLIAMSPORT, IN 47993

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,





Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

JEFFREY ZEH, ADMINISTRATOR INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL 720 SOUTH SIXTH ST MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,



Clinic

Clinic for Women

Boone

Tangork Hamilton-

Hendricks 2 Jehnsen 1 Masjen &

Morgan Shelby

PPINKY Bloomington

Greene. Hendricks

Jackson
Johnson
Larwence 2 Mention

Montoe Patmam

PPINKY Indianapolis

Broome

Hamailton Hancock Hendricks

Johnsen Wasian Wagan Shelby

Women's Med Group

Science-

Hampilton
Hameack
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Johnson
Merrien
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Merrien

PPINKY Merrillville Jasper Lake

PPINKY Lafayette
Clinton |
Montgomery |
Tippecanee Z
Warren
White



Jerome M. Adams, MD, MPH Stele Health Commissioner

July 11. 2016

SCOTT TEFFETELLER, ADMINISTRATOR COMMUNITY HOSPITAL EAST 1500 N RITTER AVE INDIANAPOLIS, IN 46219

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



զլումեղմկակակականկարերիցիկաի արկին CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

T, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based tearning and Improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility;

Staff Appointment Date: From: 09/24/1981 - Freseni

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid; electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- Administration of sedationAdmitting PrivilegesLimited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. ; will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Clinic for Women

Hospital Admitting Privilege Agreement

	Mulitimat Mamittidh	rrivuege Agreement
In the event that a C abortion complication contracted physicia	Clinic for Women (CFW) on Dr. wons at the Clinic For Wom	patient requires hospitalization for an ill agree to udmit any patient (s) for all wo.
. MD is i admissions to	n agreement that Dr. for any of 1	will provide all emergency his patients from the CFW.
CFW's Administrate regarding the patient at the hospital	or and clinic doctor(s) wi	il provide peninent information to me ministrator will accompany or meet the le to both the doctor and the patient.
CFW will maintain of provide follow-up ca	Contact with the	roughout her hospitalization and will
With written approve copy of any patient's	al/release from the patien hospitalization records t	t, Dr. grees to provide a complete o CFW tables, this agreement.
In the event that Dr. to		imescalable at
MD	•	Date 3: /. 14
	T WO	March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW abortion complication Dr. v contracted physicians at the Ulmic For Wor	

admissions to ' for any of her panents from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

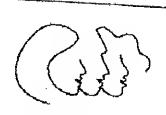
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

·MD! [MM]	3.1. N
, WD	March 1, 2014



Clinic for Women			
Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization f abortion complication Dr. (will agree to admit any patient (s) contracted physicians at the Chinic For Women.	or an for all		
MD is in agreement that Dr will provide a comergency admissions to for any of his patients from the	CFW		
CFW's Administrator and clinic doctor(s) will provide pertinent information to regarding the patient's status. The Clinic Administrator will accompany or matient at the hospital, making herself available to both the doctor and the patient.	o me eet the		
CFW will maintain contact with the patient throughout her hospitalization and provide follow-up care at the clinic.	will		
With written approval/release from the patient, Dr. agrees to provide a copy of any patient's hospitalization records to CFW under this agreement.	complete		
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
Date Date Date	14		



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June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynécology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DO

Dear Sit/Madam:

Is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review addivities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes pour review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category:

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS manager, medical Staff Services.

June 3, 2014

bo

RE

Admitting Privileges

Dear Dr B

Please he advised you currently have admitting privileges at

Questions/concerns, please do not hoeltate in contacting me.

Regards;

CPC5 Manager, Medical Staff Services

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TIME RECEIVED OCCUMENT 8, 2015 11:04:07 AM EST PPCG DURATION PAGES STATUS RECEIVED 221 8 Received PPCG 221 8 Received PPCG 271 P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This latter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at :

If the covering GYN physician of the day at either of these hospitals is

uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and
Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient
needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure; before the patient has left the facility, contact me by calling my office at in addition, my cell number is the patient's name, reason for reterral, current medical condition and means of transport, A copy of all evallable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPINK physician on call should contect me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincereiv.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Door Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at] I and

If the covering GYN physician of the care no name, of these hospitals is
uncombatable with any postsbortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission. I will assume care of that nationt, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Forpentisch Forts Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the accedure, before the patient has left the facility, crotact me by calling my office a In addition, my cell number is a Please provide the patient's name, reason for returnal, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely.

Phone:

Fax:

Snyder, Randall			
From:			
Sent:	Friday, June 10, 2016 12:42 F	PM	
To: Subject:	Snyder, Randail		
	RE: Privilege Verification		
**** This is an EXTER unknown senders or u	NAL email. Exercise caution. Inexpected email. ****		
Mr. Snyder,	<u> </u>	and the second s	giller matter mitte fill germannen mynde genegen sjede far samme ska sjewerpelderen med ,
This is to confirm that, reappointment by Februa	, M.D., does have adm ry 1, 2017.	itting privileges at !	He is due for
If you have any questions,	please do not hesitate to contact me	· B.	
Thank you.	:		
Director Medical Staff Affairs		•	
	,		
Office:			
Fax: \		4	
Email:	,		
Sent: Friday, June 10, 201	allto:RSnyder1@lsdh.IN.gov] 16 12:33 PM	ر ماندون مدر بودن و در دوی شد. این مستدر در میشود میشود و در دوی در دوی در دوی در در دوی در در دوی در در دوی د	gy for an B. I condempose are in our c. I design and committee (Ac. 1994).
To: Subject: RE: Privilege Ver	fication		•
Mş.		. •	
accounted to the	16-16-34-2-4.5(c)(2), "The state depa		,
	received an admitting privileges doc	ument in regards to a licens	ure application on file with
Therefore, pursuant to sta	te law, please verify that Dr. pointment date of 2/1/2017.	currently holds adm	itting privileges as of the date
I have included last year's A reply, like the one dated	request for reference should it be ne 10/20/15 is sufficient.	reded.	, –

Thank you.

December 16, 2014

MD.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of
has approved your reappointment at ... in the
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

a

Attachment

4.11

10 to 10 to

 ρ



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. (

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and it, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology'a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

Planned Parenti god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that regulres hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care tor each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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l agree to provide you thirty (30) days notice if i need to modify or cancel this agreement for any reason.

Sincerely,

August	27	20	Ī	S

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of ... patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you bave any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

կցվերիութիգույիկերի իրեթիկիրի իրեր WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall

From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		
**** This is an EXTERNAL of unknown senders or unexpe	email. Exercise caution. DO hected email. ****	∜OT open attachmen	ts or click links from
Mr. Snÿder,	and the second s		
This is to confirm that reappointment by February 1, 20	. M.D., does have admittin	g privileges at	. He is due for
if you have any questions, please	do not hesitate to contact me.		
Thank you.	•		·
Director Medical Staff Affairs			
Office: # Fax: Email:			
From: Snyder, Randall [mailto:R Sent: Friday, June 10, 2016 12:3 To: Subject: KE: Privilege Verification	33 PM	ئېيد غه پرېښېيني پېښېدېې و امواهېده دهنداده د د د د د د د د د د د د د د د د د د	م و هر چندن بعد معادل و ها منظم معادر فروست معادل المعادر معادر المعادر المعادر المعادر المعادر المعادر المعادر
Ms.	ın.		
	34-2-4,5(c)(2), "The state departm	rent shall verify the validi	ty of the admitting privileges
	ed an admitting privileges docume	ent in regards to a licensu	ire application on file with
Therefore, pursuant to state law of this request with a reappoint?	, please verify that Dr nent date of 2/1/2017.	currently holds admi	tting privileges as of the date
I have included last year's reque A reply, like the one dated 10/20	st for reference should it be neede 1/15 is sufficient.	ed.	
Thank you.			
From: Sent: Tuesday, October 20, 2015	10:42 AM		



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and.

I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (90) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at ance

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are nosded under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A by of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely.

January 29, 2013

.....M.D

Dear,

It is my pleasure to inform you that the Board of Trustees of . ____
has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jħ

Attachment

JOUJANOS Michael R. Pence

State Health Commissioner Jerome M. Adams, MD, MPH



July 11, 2016

WONZLEK' IN 49351 901 MACARTHUR BLVD COMMUNITY HOSPITAL DONALD FESKO, ADMINISTRATOR,

Dear Administrator;

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abordions are performed. county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (I) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: SPECIALTY:

Obstetries/Gynecology Obstetries & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison

Medical Shiff

Physician Privileges

Page 1 of 3

Physician Privileges

Physiciae ID Privileges Effective Bate Steins 40139 M. O. 6/10/2016 then 6/9/2013 Λαίνε Frivilege Division Speciality Section Description Privilege Description NIHER Number Admit. evaluate, thispiese, Ireal, and provide consultation, pre-, lebre-, pend-operative cast accessary to correct or treat female patients of All ages presenting with injuries and disorders of the ferral reprintactive system and the scribnurinary system and non-intraleally treat characters and injuries of the marminary glands. The care provinges in the specialty include the sensitivities taken slovic bein borelf schrebooms but are extensions of the same techniques an trible. Forfermence alhistory and physical man - Advertal surgery, buchelong overlan cyajectomy, cophorteshopy, kalping calonly, and connervative barondrives the reconvent of ctorio programmy -Aspiration of breast nancor -Corried biopty, initialing contration Computation - Colpoptany - Colpopoupy y storcopy as part of gynacological pricedure Discoords and therapeute 1Mc: + Nagrandie and operative Laparoscopy (other than tabul merilization) -Hopkmalay beparaturity, its diagraphy and treatment of polyte pain, polyte muni, kontoportionium, endomotriopis and adhesions -Endonica at policion -Cymocaling prography - Hysterbuleasy, abdomistal raginal, including laparoscopic Theteroscopy linguages or ablative excluding the of EXCLUDING: Viginal 3 Liynexulugy Cure Privileges APPROVID 2009 esection rechnique -LRD of Harthidia ayal ne Hysicrecturity, including Existed abottom -14(1) of pickets absected iperescopic and Incidental appendictions - Meanwritation of Hapholin und - Metroplaty - Music Memorapine fields Blandonylitical antigory lancerphase (endometrial hoppy, diletion and curcingo, treatment of Displotin crat and absences)— Memorianty, Myonoscionty, abdamical Operation by tradition of early stage serchmen of the value, vagine, sudementure wary, or cover, Operation for measurement (abel lighted), Operation for measurement of infrary strong increditioning; vagical approach, retrapelate medical automation, siling recedure, Operations for rentment for benign privic discuss. Datt. with combining aparotomy, abdominal hyderoclemy, raginal hystoroclomy, sulpinguolomy, our sociolomy, Operation for elective blocking (absolute) and fynfunktional), Operative Lapacoscopy for olylo pain and faterillty, Repair of memorie, party pant and maximum, report profuped, chterocale, systeodic, or polydo profuped, Tubriplishy and other micrillity surpacy (not microcareless), Umbilical & Indisional Facula. Espair with another pyrecelogic pracedure, Controversi vagical, (Konyugusi Insula, Voncovagical Insula, 1 actovagusi fistula spale, Valva Mopey, Valvectory, simple Obstories & Cynconlogy APPROVED 2009 Admit, or sharts, the process are and provide council satisfy in famula patients of all ages, and in provide medical and satisfies care of the famula reproductive system and satisfies the satisfies and satisfies and satisfies a factoring mijor medical themses Obstatrice Core Privileges EXCLUSIVE Stypogastric Aftery Ligation

Physician Privileges

that are complicating factors to programely. The cure privileges in this specialty include he procedures listed and such rither procedures that pro continuous of the source echniques and skills. Performance of history pirant, stantagolanti-nexe mainthig bire influence characteristy or Oxyrodin industries Application of internal field and utertus To noticetal box extension and industrion of labor by use of Oxylocist -Cacazcan rectuery, exercises section -Corclane envicat bloosy or contention of curvin in we maney Circumcision of newborn Described vocation of brocch -Hypographic artery ignion -immediate unit of the newborn (including respectation and intuitables) -lanoprophism of fetal manifesting -Low or mid forcept delivery, miduling formions -Management of high risk programcy inclusive of such conditions as pro-id-ampaix, pandduring the director blooding, intrautence etowiti retardation, premature explorer of membranes, premature labor, and amilipie estation and placents atmoratelities -Management of patients with/without mechical ringlest or observiced temperations for Almond blier probabar what farmen thinutomed aboution, normal purposal patient, ornical entingentiam and postparium) bero. rimipostum consplications, Scial desolve -Manual exacoval of placesty, victime esculuy -Educations indeed field lung malarity : Normal apindenomes regimel delivery « Nedoctioni d'agressila previodente, including offracionamphy and other relevant imaging techniques Operative yaginal delivery (including foreign, success saturation, breach saturation) Performings of brooch and mulikiai deliveries -Podendul said particervical blocks -Ropair 4th degree particul incomings or of corvious or vaginal Incoming trained of medic is miplications payment of recept companions of programmers of programs in which is programs; including programs; including the programs; incl mysold disease, sexually transmitted disease minionary disocio, thereshoembalic disorders infections absence, schoper programmy and other anderits of pregnancy, such as incomplete, complete or stated abortion - Vaginal bliffs effice successions access (VHAC) - Againstoney and copies - Againstoness suggisted delivery cophelic - Amesthesia and assignsion 1. aronismal accusion IM & IV; 2, Local; 3, races block 4. Personviced block

*ChattelintEGynopology APPHÖVFB>2009

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EXCLEDING: Gunnie what allopion (G.1 F.T.). Infertilly und endocrine oviduation including evuluition industries. improving and treatment of Meastisin, amonowines, Liquenticopic retrieval of oncytte, Ultrasound scinitival of oncytes, ectmique of IVF autudity mental property of the same of ova harvasting, conbryo annufer of Remotes and annufer intra-abdominal

Page 3 of 3

Physician Privileges

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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lien of your questionnaire.

Membership on the Medical Staff of the ! is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are clevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their lile, there are no disciplinary actions related to quality of care, no restrictions or depial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Physician Privileges

Physician Privileges

Physician II) Name 49001

a, D,

Prhitiges Effective Date 6/10/2015 thru 6/9/2017

Status Active

Division (Speciality	Privilege Number	Ricilian Hescription	Privacyz Description	Notes
*Оўнаўнісь#Юумсодіоду Арэнаў (1832—2009	5	Gynecologia Oscology Cota Privileges	Admit, crabinete, diagnoste, treat, and provide constitution and surgicial and therapositio treatment of female patients with gymotologic stigueur and carefulcians resulting theme from, including carefulcians of the cervist, overy and falloplan robes, vietra, and vagina and the performance of recedence on the beatest crethma and hidder are indicated. The cert privileges in this specularly include the procedures in the sentential and such other procedures that are extentions of the same indicated the procedures listed and such other procedures that are extentioned of the same exchanges and skills, -Performance of history and physical areas -Chemotherapy - Lymphadencotomical (inguinal, tomoral, pelvio, peta-sortio) -felicid (inguinal, tomoral, pelvio, peta-sortio) -felicid organization (audinor, posterior, stall) realized hydrorectumy, valvoctumy and staging by lymphadencotomy -Radioul stragery for treatment of gyacopological multiplicates to include procedures on bowel, mean, and the vagina hy realized officency with grown dissertion. Treatment of hydrorectumy and other related torgery - Treatment of hydrorectumy with grown dissertion. Treatment of hydrorectumy with grown dissertion. Treatment of hydrorectumy with grown dissertion - Chemotherapy in the fraction of hydrorectumy with grown dissertion of historic discusses. Outcome totalists - Supriety of the gastrolectum and remarkstronist of samely bowel, secondars, repair of installat transations of acoust bowel, secondar, repair of installat transations of acoust bowel. Becommits of larger bowel.	
*Chinklistonk (lynocolog APPROVED 2000		Gyncoology Cpra Privileges	Admit, evaluate, diagnose, Irisal, and provide consultation, pro-, fair is-, post-operative care reconstruction, pro-, fair is-, post-operative care reconstructs of videocorses to correct or stem floated pointers of all ages presenting with injuriou and disprecess of all ages presenting with injuriou and the graditationary system and non-narrically breat alliamidate and eligibility in the successful produced that are extension of the same techniques and skills) terformance obsiders and physical same -Aubitoid surgery, including ovarian cystectomy, copying-elong, and conservative procedures for frontment of notopio/projensiony -Aspiration of breatt masses -Corvicial biopsy, anduding challettes -Colposions -Diagonsio and the appendix -Colposiony -Colposiony -Diagonsio and the appendix plant of the tolar than tolar confidences and incarrical adventions of physics on the appendix of physics and appendix of the procedure, in diagonsis and trigament of physics and adhesions - Industrial advention of physics and adhesions - Industrial advention -Cymeutologica nongraphy-Industrial advention -Cymeutologica nongraphy-Industrial advention -Cymeutologica nongraphy-Industrial advention -Cymeutologic nongraphy-Industrial advention -Cymeutologic nongraphy-	T.

Page 2 of 3

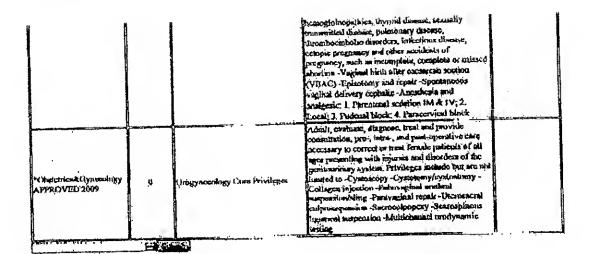
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Physician Privileges

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT:

Obstetrics/Gynecology

SPECIALTY:

Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

Medical Staff

4.1

Page 1 of 3

Status

Physician Privileges

Physician Privileges

Privileges Killective links Physician ID Name 7/6/2013 then 7/9/2017 Activo OM D. 10160 Notes Privilege Privilege Description Section Description Dirlaina Speciality Admit evaluate, diagnose, treat, and provide ministerna pre- intra-, post spendive pare accessery to correct or frest familie putients of all ners presenting with impries and disorders of the femal reproductive system and the geninorinary pysicing and mon-marginally fresh descoders and miuries of the manuscry places. The core privileges in the specialty include the procedures listed and such other procedures that we extension of the same inclusions and shills, -Performance of bistory and physical come - Administ stargery. nectoring nearlies systematically, cophorostomy miphoculomy, and posservative procedures for n natural of ectopic programicy - Aspiration of breast minucis - Correct blopsy, including oreast massus - Curron brophy, municipal contention - Colpondains - Colpology - Colporophy - Col operative Laparoscopy (other than toby) beritination) -Exploratory Imparotomy, for daysous and transactive polytopain, polytom homogerious and montenin and adhering Sudometrial ablation - Gymocologic somography -Christiana Gynconlogy 3 Gynocology Cort Privileges intitodia nyst or periodal abasest Jally of polyic PPROVISION scens - Incidental appearances Manuphaltanasi of Bastindin syst-Metrophasy-Minor gynearlogial sargical procedures (ordonistrial biopsy, dikitian and curcungo, routenen if Hardusin tyst and abotesy) Mistroplesty, Myometoney, indontinal, Operation for treatment of early single employing of the valva-value, endoactrique, dyrey, by torvice, Operation its studionists (sole) Resident, Operation for trustment of urlessy street incentioner, vaginal appriseds, retrigishic perforal suspension, sling procedure. Operations for tremment for benign provided to the control of the contr Operative Liparoscopy for polyic pein and challity, Repair of meteodic, enterocele, cysocicle, or polyto produper, Telesphesty and other infartifity surgery (out microsurgical), limbilion at incidental Hersia Rojeki with apoliter gysocologic mendon, Diousteral vaginal, Universities limits, Vestorraginal fintels, rockivelinial finials ropelr, Vulvar Monsy, Volventomy, simple Rehells da Vinci Surgical System Criteria: Training Requirements: I. Most be a licensed M.D. or O.O.; Non Core Privileges 21 Objectifics & Ormicosing APPROVING ZOOP 2. Methyana formal training museusist completion or in ACAIMIVACIA nurresisted training program in archologicacie surgery, gonoral surgery including ooloatycký sorgery, gymoutlogy ur urelogy, otriuryngiskyy, beristrio sorgety nador appropriate auginal subspecialty. 3. Clinical galvilege for open operation that will be perferred on the deVicei

Physician Privileges

Simplest System, or documentation of training and experience communicates with the requirements for observation providing the appearance of the special states o procedure 4. Documentation of substrationy completion of the PDA-mandated training course to the mafe and of the rubbide marginal system which much include an em-wise system includes plan crae dry off site fraction at the faturitys Timplest Inc. (15)) Training Court, 5, doubleathring provided by USI of having observed at least two (2) robutle merations performed by an emperiorical imagents OR I. Successfully completed training in residen foonthmed by the program director with a letter of trapport from their feeling, OR 1, Certainly meets the above qualified into and exercisely has full privileges in perform de Vinci surgical systems erreicher at mosther facility. Physicians meeting these enteris must indicate all facilities where they perform this procedure and provide a case full of procedures door and outome data in the pen 12 contrace and providing the documentation listed above, AND 1, Documentation of having observed at least two 92) robotic operations performed by an asperimend surgain. 2) An deatified proctor for two (2) chain by a received surgions in the same surgical specialty who has med the above requirements, Additional proctored execu may be at the discretion of the protest and/or the Credenbalt and the fernional Mandrill Committee OR The precional by a slaVines Inhelian Surgical approved process from buside of outside of Methodist Hospital. (approved 6M/2)

*Observed 2009 APPROVED 2009 Obsectrics Core Privileges

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Page 3 of 3

Physician Privileges

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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

is contingent upon Membership on the Medical Staff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of cure, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology Obsteries & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

" 'Medical Staff

*Obstatricita@yearchingy kpyrköVED 2009

Charles al Ciymecology

APPROVED 2009

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Page 1 of 2

Notes

Physician Privileges

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Physician Privileges

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Physician Privileges

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PAGE 06/06 Page 3 of 3

Physician Privileges

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03/17/2015 13:47

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PAGES

STATUS Received

PAGE 81/66

TO MRS

March 13, 2015

MD

Planned Parenthood of Indians and Kentucky 8645 Connecticut Street Merrikville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a compilection, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event per services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

ISOn

Sincerely.

we nother only

Theo tople

MD

Phone:

MD

07/14/2015 15:59

From: PLANNED PARENTHOON OF INDIANA

July 14, 2015

MD Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merdiville, IN 46410

RE: Beckup Agreement

Dear Dr.

This letter confirms our agreement that wa will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitulization pending your obtaining admitting privileges.

in We have admitting privileges in Obstetrics and Gynecology at We will arrange putient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be avaluated at the closest emergency care center.

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We agree to provide you thirty (30) days' notice it we need to modify or cancel this agreement for any reason.

Sincerely,		-÷
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RE: Backup Agreement				
Dear Dr.	•			
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Sincernly,		-		
	- Harrison	MD		

MD '

Phone:_

Phone:

Phone:

MD

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stale Health Commissioner



July 11, 2016

KATHLEEN KRUSIE, ADMINISTRATOR 7150 CLEARVISTA DR 70DIANAPOLIS, IN 46256

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



զրունպոլի կրկրի հայարերի կիկի և CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

·. MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and Improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

• Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- · The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- · Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- · Administration of sedation
- Admitting Privileges
- · Limited critical care



ADMISSION PRIVILEGE AGREEMENT

z will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women,

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Hospital Admitting Privilege Agreement

roshirsi Yamitunk Liknede Adleement		
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.		
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.		
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.		
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.		
With written approval/release from the patient, Dr. 2rees to provide a complete copy of any patient's hospitalization records to CFW talker this agreement.		
In the event that Dr. 'is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.		
MD Date		



Chine for 11 official
Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Unite For Women.
admissions to for any of her panents from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. to is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
MDJ Date
MD Date Date



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Hospital Admitting Privile	ege Agreement
In the event that a Clinic for Women (CFW) patient abortion complication Dr will agree contracted physicians at the Clinic For Women.	t requires hospitalization for an ee to admit any patient (s) for all
MD is in agreement that Dr. emergency admissions to for an	will provide all my of his patients from the CFW.
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CFW will maintain contact with the patient through provide follow-up care at the clinic.	
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<u>ч.</u> мь <u> </u>	3.1.14 Date
MD I	March 1, 2014



Clinic for Women
Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
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CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred to
MD Date
MD Date 7, 2014

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

'n

RE:

DΦ

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes been review findings from drug usage evaluation, surgical case review, transitistion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please confact the Medical Staff Services Office at

Sincerely,

CPCS manager, medical Staff Services.

June 3, 2014

DO

RE

: Admitting Privileges

Dear Dr B

Please he advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS Manager, Medical Staff Services

1

** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED REMOTE CSID DURATION PAGES STATUS
OECEMber 8, 2015 11:04:07 AM EST PPCG 221 8 Received

2015-12-08 11:00 YYYY P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I and In

If the covering GYN physician of the day at either of these hospitals is

uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and
Kentucky (PPINK) needing admission, I will assume core of that patient. Of course, any patient
needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at maddition, my cell number is the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients regulting emergency care will be directed to seek services at the hospital nearest to them.

Lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May # 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Door Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land
If the covering GYN physician of the case no puter, of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana CPIND needing admission. I will secure care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formulaers Fond Century Schoolsool

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the movedure, before the patient ban loft the facility, motact me by calling my office a In addition, my cell number is ... Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be cent with the patient.

Post-operative complications:

In the event my services are needed after the patient has laft the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

ուկելիվիկիկինիկիկիկիկին թյունիկիկ PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused profassional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Saction: Family Medicine

Spacialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PA Snyder, Randall RE: Privilege Verification	A	
	RNAL email. Exercise caution, Double transported email. ****		
Mr. Snyder,	and the second s	مياد و مين ماده و مياد درمان المياز و درما <mark>المستقدات الم</mark> تاسطة و مدين <u>مياز ميان الميا</u> قة عندا الميا	a disamana di Badayaya masaanan ka asaa ay ara qara qara ka ka ay ay disayayaya qabay ay dare da
This is to confirm that a reappointment by Febru	M.D., does have admi	tting privileges at !	He is due for
If you have any question	s, please do not hesitate to contact me	•	
Thank you.			
Director Medical Staff Affairs	т		
Office: Fax: Email:	g.	and the second of the second o	
From: Snyder, Randall I Sent: Friday. June 10. 2 To: Subject: RE: Privilege \			
Ms.		•	
gocument'	è 16-16-34-2-4.5(c)(2), "The state depa as received an admitting privileges doc		·
Therefore, pursuant to sof this request with a re	state law, please verify that Dr. appointment date of 2/1/2017,	currently holds adm	nitting privileges as of the date
i have included last year	's request for reference should it be ne ed 10/20/15 is sufficient,	ed e d.	
Thank you.	·		
From: 1 1 3 Sent: Tuesday, October		· .	

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at .. m me OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or(

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 4

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr. "

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and

I, or one of my partners, will arrange panent admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days nótice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August	27	201	3
I RUE U.IL	4000	40	

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

երընվականգորեն կրանգեր հայկակին արև WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall		
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Rändall RE: Privilege Verification	
	ERNAL email, Exercise caution. DO NOT open attach	ments or click links from
Mr. Snyder,		
This is to confirm that reappointment by Feb		. He is due for
If you have any questi	ons, pléase do not hesitate to contact me.	
Thank you.		·
Direc Medical Staff Affairs	tor	
Office: f [*] Fax: Email:		
Sent: Friday, June 10	li [maiko:RSnyder1@isdh,IN.gov] , 2016 12:33 PM	د. محمد و همد المحمد الله المحمد الم
To: Subject: Ke: Privileg	e Verification	
Ms. ''		
Directions to todays 6	ode 16 16 24 2 4 Klavist Astronomic James Committee	

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr., of this request with a reappointment date of 2/1/2017.

currently holds admitting privileges as of the date

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:

Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your ahortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of trensport. A copy of all available patient records should be sent with the patient.

Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013 ·

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 48219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

_____, M.D

Dear:

It is my pleasure to inform you that the Board of Trustees of . _ _ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

'n

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Me 1 Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

TONY LENNEN, ADMINISTRATOR COMMUNITY HOSPITAL SOUTH 1402 E COUNTY LINE RD S INDIANAPOLIS, IN 46227

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each bospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



պոմերիկիկորդիրիկիրութիվերիինի CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

", MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care, Wo engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

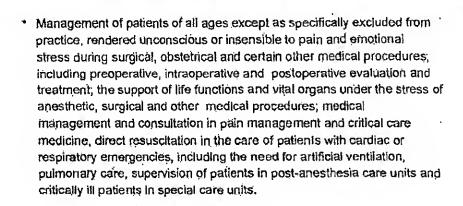
Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,



- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, ejectrolyte and metabolic disturbances.
- The management of acuté pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- · Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- Administration of sedation
- Admitting Privileges
- Limited critical care



ADMISSION PRIVILEGE AGREEMENT

will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

;MĎ



Hospital Admittin	g Privilege Agreement
In the event that a Clinic for Women (GFW abortion complication Dr. contracted physicians at the Clinic For Wo	y) patient requires hospitalization for an will agree to admit any patient (s) for all omen.
MD is in agreement that Dr. admissions to for any o	will provide all emergency f his patients from the CFW.
CFW's Administrator and clinic doctor(s) regarding the patient's status. The Clinic A patient at the hospital, making herself available.	will provide pertinent information to me administrator will accompany or meet the able to both the doctor and the patient.
CFW will maintain contact with the patient provide follow-up care at the clinic. With written approval/release from the patient conv of any parient's here.	
copy of any parient's hospitalization record	ent, Dr. 2recs to provide a complete s to CFW tance: this agreement.
In the event that Dr. is out of town	or unavailable, the patient will be transferred Emergency department.
MD	Date 5. 1.14
, no	March 1, 2014



Hospital Admitting Privilege Agreement

admissions to some for any of her panents from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

·MDJ	- M	Date Date
MD	•• ••••••••••••••••••••••••••••••••••••	Murch 1, 2014



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (abortion complication Dr contracted physicians at the Clinic For	CFW) patient requires hospitalization for an will agree to admit any patient (s) for all women.
MD is in agreement emergency admissions to	nt that Dr will provide all for any of his patients from the CFW.
CFW's Administrator and clinic doctor	e(s) will provide pertinent information to

regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. . is out of town or unavailable, the patient will be transferred to:

via ambulance to the Emergency department.

Date 3.1.14

Date

Date

Date



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. ivill agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred to
MD Date
MD Date 7, 2014

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Speciaity:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review solivities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes past review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care,

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, morel, ethical and physical requirements.

Organization:

Specialities:

Gynécology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

OPCS menager, medical Staff Services

@003/003

June 3, 2014

bo

ROI

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting phylinges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS Manager, Medical Staff Services

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** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY REMOTE CSID DURATION PAGES STATUS December 8, 2015 11:04:07 AM EST Received

2015-12-08 11:00

TIME RECEIVED

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P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges,

I have admitting privileges at ? In if the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is t Please provide the patient's name, reason for referral, current madical condition and means of transport, A copy of all evallable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients regulring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 🗱 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Dear Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land

If the covering GYN physician of the uny named of these hospitals is
uncomfortable with any postabortal services patient from Planned Perenthood of
Indiana (PPIN) peeding admission. I will assume care of that patient, and will
arrange patient admission and eare for each patient needing my services according
to each patient's need.

Intra-operative complications:

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Formatted: Fort: Century Schoolbook

ոկելվիկելի հերկայի իրի հետարակիկ վ PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Genters are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me,

Sincerely.

Phone:

Fax:

Snyder, Randall			
From:			
Sent:	Friday, June 10, 2016 12:42 PM		
To:	Snyder, Randall		
Subject:	RE: Privilege Verification		
wł.			
unknown senders or un		NOT open attachme	
Mr. Snyder,	and the second s	and the state of the	de la companya en la companya <u>a companya de la companya de la companya de la companya de la compa</u> nya de la companya de la co
This is to confirm that reappointment by February	. M.P., does have admitt 1, 2017.	ing privileges at !	He is due for
If you have any questions, p	lease do not hesitate to contact me.		
Thank you.			
Director			
Medical Staff Affairs			
			•
Office:			
Fax: ,			
Email;	1		
From: Snyder, Randall [mai Sent: Friday. June 10. 2016 To: Subject: RE: Privilege Verif	5 12:33 PM	produktych oberma g C pin (przy) – dopo sy Geometri (The state of the s
Ms.		1	
document"	5-16-34-2-4.5(c)(2), "The state depar		,
The state department has rethe department.	ecelved an admitting privileges docu	ment in regards to a licen	sure application on file with
	e law, please verify that Dr. pointment date of 2/1/2017.	currently holds add	mitting privileges as of the date
I have included last year's r A reply, like the one dated	equest for reference should it be nee 10/20/15 is sufficient.	eded.	
Thank you.			
	1 .		•
From: 1 1 1 Sent: Tuesday, October 20,	201E 40.42 AB4		
sent: ruestray, October 20,	ZULD 10:42 AM.		

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of
has approved your reappointment at
in the
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

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Attachment

النباسية الم



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

i, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners; will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Lagree, to provide you thirty (30) days notice if Lneed to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl bod of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August	27.	201	5

MD

RE. Membership and Clinical Privileges

Dear

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Aliled Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

կզմկակափորդիկկիթերերերկիկիկիկի WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall From: Friday, June 10, 2016 12:42 PM Sent To: Snyder, Randall RE: Privilege Verification Subject: **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017. If you have any questions, please do not hesitate to contact me. Thank you. Director **Medical Staff Affairs** Office: /: Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM To: Subject; ke: Privilege Verification

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. of this request with a reappointment date of 2/1/2017.

currently holds admitting privileges as of the date

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:

Ms.

Sent: Tuesday, October 20; 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. **

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Beckup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have edmitting privileges at

If the covering GYN physicien of the day at either of these hospitals is uncomfortable with any postabortal services petient needing edmission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the petient has left the facility, contact me by calling my office at . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency cars will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this egreement for any reason.

Sincerely,

January 29, 2013

____, M.D.

Dear.

It is my pleasure to inform you that the Board of Trustees of . _____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at i.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III. A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

ih

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

LISA HARRIS, ADMINISTRATOR ESKENAZI HEALTH 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



զբունգ։ Արևանական արգեցինի և CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

*. MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- ine application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause,
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g., nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0-2 Years
- 2-10 Years

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

; will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Hospital Admitting Privilege Agreement						
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.						
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.						
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.						
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.						
With written approval/release from the patient, Dr. prees to provide a complete copy of any patient's hospitalization records to CFW latter this agreement.						
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.						
MD Date 3. /. /4						
Date Date Date Date						



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (C	FW) patient requires hospitalization for an
accident complication Dr.	will agree to admit any nation (c) for all
contracted physicians at the Ulmic For	Women.

admissions to will provide all emergency for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

MDJ	pm	Date 3-1.14
; MD		March 1, 2014



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Hospital Admitting Privilege Agreement					
In the event that a Clinic for Women (CFW) patient requires abortion complication Dr will agree to admic contracted physicians at the Clinic For Women.	hospitalization for an it any patient (s) for all				
MD is in agreement that Dr. emergency admissions to for any of his p	will provide all satients from the CFW.				
CFW's Administrator and clinic doctor(s) will provide pertir regarding the patient's status. The Clinic Administrator will patient at the hospital, making herself available to both the d	ent information to me				
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.					
With written approval/release from the patient, Dr. a copy of any patient's hospitalization records to CFW under the	grees to provide a complete				
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.					
Date Date	0.1.14				
Date Date Date	ch 1, 2014				



	Hospital Admints no
	Hospital Admitting Privilege Agreement
In the event the abortion components of the contracted places of the co	hat a Clinic for Women (CFW) patient requires hospitalization for an plication Dr. will agree to admit any patient (s) for all sysicians at the Clinic For Women.
admissions to	MD is in agreement that Dr. will provide all emergency for any of his patients from the CFW.
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rovide follow	ntain contact with the patient throughout her hospitalization and will
Vith written a opy of any pa	ntain contact with the patient throughout her hospitalization and will rup care at the clinic. pproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.
Vith written a	pproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.
Vith written a opy of any pa the event the	pproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.
Vith written a opy of any pa	pproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE.

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dentai/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RĘ:

po

Dear Sir/Madam:

Is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category:

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS IMBRIDGE, MEDICAL STRIF Services

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June 3, 2014

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RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS Manuger, Medical Staff Services

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** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY ** TIME RECEIVED Oecember 8, 2015 11:04:07 AM EST PPCG REMOTE CSID DURATION PAGES RECEIVED 221 8 Received 2015-12-08 11:00 YYYY P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at to addition, my cell number is a Please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

In the event my services are needed effor the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients regulring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May # 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Dear Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at J land
If the covering GYN physician of the care of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PTIN) needing admission. I will assume care of that patient, and will
arrange patient admission and care for each patient acciding my services according
to each patient's need.

Formatied: Fort: Ourtury Schoolbook

Intra-operative complications:

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

ուղելիվիեկիվեկիդիդուլիիկիկիտորակիիլի PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage In peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

int: Friday, June 10, 2016 12:42 PM (it: Snyder, Randall subject: RE: Privilege Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** Mr. Snyder, This is to confirm that	Snyder, Randall			
This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. *** Mr. Snyder, Randall Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. *** Mr. Snyder, Snyder, Snyder (Annual State of S	From:			
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Office: Fax: (Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday. June 10: 2016: 12:33 PM To: ' Subject: RE: Privilege Verification Ms. Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document" The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.	Thank you.			,
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From: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

December 16, 2014

MD.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of

has approved your reappointment at

in the
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

ai

Attachment

Section 1

4.97



Planned Parenthood of Indiana and Kentucky

March 12, 2015

Mn

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and and in the interest in the int

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at ind

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and

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Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl God of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that regulres hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

August	27	201	15
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MD

RE: Membership and Clinical Privileges

Dear

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of . . . patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician of the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

կդոնվորը կդու**ին**||իրակդերնին||իլինինին WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall			
From:	·		
Sent:	Friday, June 10, 2016 12:42 P	A	
To:	Snyder, Randall		
Subject:	RE: Privilege Ventication		
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Mr. Snyder,			
This is to confirm that reappointment by Feb	·	tting privileges at	. He is due for
If you have any questi	ons, pléase do not hesitate to contect me		
Thank you.			
Direc Medical Staff Affairs	tor		
Office: /:			
Fax:			
Email:			
From: Snyder, Randa Sent: Friday, June 10 To:	[malito:RSnyder1@isdb,[N.gov] , 2016 12:33 PM	от от при	الله المحاورة الله من الله الله الله الله الله الله الله الل
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I have included last ye A reply, like the one d	ear's request for reference should it be ne ated 10/20/15 is sufficient.	eded.	

Thank you.

Sent: Tuesday, October 20, 2015 10:42 AM

From:



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincersly,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women'a Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

..... M.D.

Dear'

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at i.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner



July 11, 2016

MONSLEK' IN 46321 WICHVEL STENGER, ADMINISTRATOR MICHAEL STENGER, ADMINISTRATOR

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital is located; and is located; and

(2) each bospital located in a county that is contiguous to the county described in subdivision (1);

(2) each bospital located in subdivision (1);

where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD MERRILLVILLE 8645 CONNECTICUT ST MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or donial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetries/Gynecology

SPECIALTY: CATEGORY:

Obstetries & Gynecology Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

 Physician III
 Name
 Privileges Effective Date
 Status

 40139
 M. D.
 6/10/2016 thru 6/9/2018
 Active

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Page 2 of 3

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*Charan load: Gymopology APPROVED 2009 Reproductive Endocrinology Cose Privileges

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June 10, 2016

Indiana State Department of Health 2 North Moddian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lied of your questionnaire.

Membership on the Medical Staff of the ! is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are clevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their lile, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology

SPECIALTY:

Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician II) 49601

Namo

at.D.

Privileges Effortive Date 4/10/2015 Usu 4/0/2017

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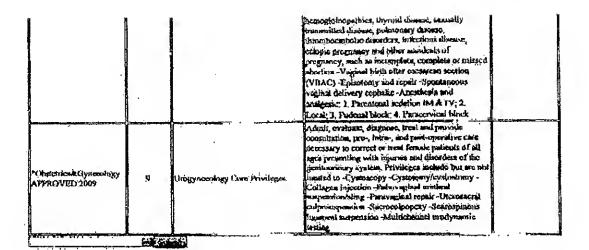
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Page 2 of 3

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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

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In response to your inquiry, we are authorized by the baspital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT

Obstetrics/Gympcology Obstetries & Gynceology

SPECIALTY: CATEGORY:

Activo

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly:

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Liaisum

Medical Staff

 Physician ID
 Name
 Privileges Kirective their
 Status

 40360
 1 M. i).
 7/6/2013 thru 7/0/2017
 Active

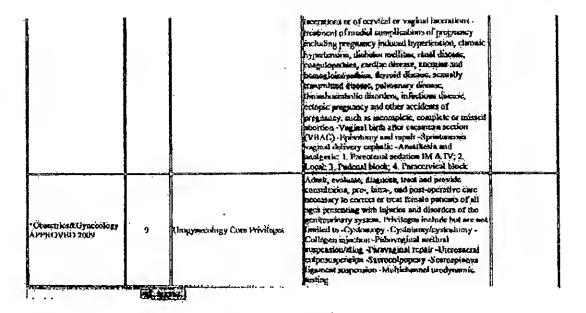
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Surgical System, or decommentation of training and expérience commensurate with the requirements for obtaining privileges to portisin the open procedures, 4. Documentation of satisfactory completion of the 1/3A-mandated training course daidw watery language aboden ade in ini ithin of and include an em site system training plus ince day off site training at the latualise Surgical line. (181) Training Concr. 5. doubleastation provided by 251 of having observed at least two (2) robotio operations perfused by an experienced vargeom OR 1. Successfully completed training in vertibue continued by the program discolor with a fester of empoors from facir facility. OR 1. Currently mores the shove qualifications and currently has full privileges to perform da Vinas surgicul systems procedure at excitive facility. Physicians inviting been exilusis must indicate all facilities where they perform this procedure and provide a citie by of procedures done and outome data in the part 12 nomins in wellas providing the documentation listed above. AND 1. Decementation of baving sharived at least two 92) robotic operations ierformed by an asperienced surgace. 2) An ideatified proctor for two (2) coars by a record sprigion in the same socious specialty who has met the above requirements. Additional proctored execs may be at the discretion of the process studies this Credenicals and Panicacional Standards Appointing OR Be precioned by a deVisus kentilive Surgical approved process from health or outside of Actional Hospital (approved 6/4/12)

*Obstetrice#Clymicalogy APPROVED 2009 Obstanias Care Privileges

Admit, avaluate, diagnose, treat and provide consultation to timale parteurs of all ages, and/or provide ripolical and surgical care of the female ipmiliative system and activated disorders, including improposed their particles consplicating factors in polephiacy. The cons withingou in this appoints include the probaboics projecting that temperoral and representative grave from pulse. of the same rechalques and skills. For hypersus of history and physical exam -Amulocentess -Amulo influsion -Armilotomy or Chymrisis Industrion -Application of internal fetal and atorino monitors -Automorphisms small industions of labor by 1949 of Oxytocle Cocenym hydrocalumy, business scolor Cordige -Cervical biopsy or contration of cowix is programacy - Chromicialed of probein -Performal version of broom -Hypogamic amery Agation-Immediate term of the reprocess (useleding Manifestines and intulation) -introprodution of total ministring Lobs or mid throops delivery, include rotations - Management of high risk progration makeivo of such conditions as pro-clambole, peatdation, third transmir blacking, intraduring growth cciardation, preunolare rapture of morehes promising labor, and multiple position and assorts abnormalities - Management of patients will without modical surgicul or internation complications for mountal labor including mild trensis threatened abrutiqui, rengest pacquiral perions, normal autoporture and postparturn cure, postpartum complications, first domise -Manual removal of phicaria, alcohol carellago Medications latency Brishing mannity - Normal quartercons vaginal delivery - Obscurios despuedto perocebries, including uterscongraphy disquarette proceduries, including utimeonography and other relevant imaging techniques. Operative region defricty (including forceps, vaccion destruction, breech extraction). Performance of the contraction of the contract brooch and auditional deliveres -Pasiential and ermanylesi blocké -Ropait 4th dogge periocal

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

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In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

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DEPARTMENT:

Ohatetrica/Gynecology Obsteries & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

* Medical Staff

Page 1 of 2

Physician Privileges

 Physician ID
 Name
 Privileges Effective Date
 Status

 13243
 M. D.
 2/10/2014 ftcs 1/9/2016
 Active

Notation Speciality	Privilege Nicober	Section Description	Privilege Description	Notes
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lithory and physical main -Amanocontents - America inflatin - Amarotomy of Oxylocia industrian -Application of increase that and storms providers Auguntoration and industron of labor by use of Oxygoth Cacarean hysterectomy, cacemens section Cerulaga Cervical biopay or contention of cervix in programmy Cinemachion of wordsing. Untermed werelood of breech. Hypogenistic artery ligation -immediate consul the newborn tincinding remachation and inininimu) -Intropression of the monitoring -t have or wish through delivery, including obsides Administration of high risk programmy inclusive of such conditions at pro-clampsia, post-deline, third trimester blooding, introduction provides retaribilion, promotore impaire of membranes, premature labor, and atellible givilation and placents absormaticies. Management of patients in his mixtigue morbical marginal or obstetrical tring leading for necessary labor including wild incremia, thresteard abortion, normal primperal materine, incrementa spirature, registra pragrature particus; nortras increpienture mai prosperture complicatione; fictal domine: Manual troporal of placente, micrime curretage.

Mesionium to inchos ficial long materity—Hermal quantumpous vaginal dictivery - Observator liamostle procesures, including allmannegraphy and other relevant hranging harbulues. Operative and other relevant branging harbulues. Operative reginal delivery (helading flucupa, vacour extraction, brooch extractive). For formance of overesh and madel field deliveries. Probability and personvital blocks -Repair 4th degree porincal scorisjony or of covices or vaginal incompleme. recommunity or or coveres or regime property accounts and recommentation of recomments including programming including programming including programming including programming the property of neglescopothics, they told discuss, successly productived disease, pulsionary thornes, hermboambolie disorders, infectionis thinesse, cotopic programmy and other notation is it projusticy, such as incomplete, complete or talact abortion. Vaginal birth after consuces section. (VHAC) -Upsationsy and repair -Spearancous agical delivery cophalic -America's and sindgesie: I. Perceteast societion IM & IV, 2, Local: 3. Pudoist block; 4. Personvical block

Shine Privileges Efferitre Date Physician ID Antivo 6/10/2014 thru 6/9/2016 M.D. 40139 Nelss Petricia Description Section Department Division Speciality Adrest, cyclopic, diagnosa, word, and provide consultation, pro-, more-, non-operative care monoplary to correct or treat forests patients of all ages presenting with injurious and describers of the front reproductive system and the eminustrary system and then engiglestly treat throaden and injuries of the resonancy glands. The some privilegal in the speculity isolate the procedures island and such other procedures that are understory of the same sechniques and while. Porthumanes of letters and physical main. A describ surgery, including oversime cystemetry, cophenicatory, sub-backowy, and conservative procedures for trainment of occupie programmy. Aspiration of breast. constitution, pro-, intro-, post-operativo cuid numer valve proposator por ategment of ocispic preprison y Auphration of breast relatives biopsy, indisiding confusion "Colpositalis" Colpoplanty (Colposatory - Cymonopy as part of arthodological procedure Diseases on the proposato DAC (Diseases) and decimative it universitative feater than balant ed apprentive Lapheroscopy (codes them histel sed appriance is approachly lapportunity. For similarity, Exploratory lapportunity, for disproats and triminate of pairies pain, privice roast, homoperimental, and orientalists and administration and oriental administration dynamics and administration and oriental administration dynamics and schography - Hystopeology, abdominal, polography - Hysicocotomy, abdominal, yaginal, hickeling lapatomopio-Hysianecopy, dagrepatic or abinative unitading use of resention principal—Hall of Barbolin oyis or portional absocus - Hall of putvis abuses - incidential approaches on - Adamopialization of fauritable out - Metropiatry - Adamopialization of fauritable out - Metropiatry - Adamopiatration of gradeoustrial biopsy, alkalous and constitut, creatomest of Barthelin systems and seconds) - Barbolintus and processes. EXCLUDING: Vaginal Hystorectomy, including improvements and Gyneodlogy Com Privilend 3 Berryagina fishols APPROVED 2009 Adequates. Myounday, and communication of the transfer control and the same control and the s mose iguaco), isperante ne continue per mining strate incominante, vaginal aprovint, ratingatic societal imperation, single procedure, Operations for incomine the buriety pulyer disease: Dalle with continues the buriety pulyer disease: Dalle with continues. sperosomy, abdominal hysteraciomy, vacinal sparitomy, abdominal hysteraciomy, vaginal equateraciony, aspire pattern, copherotomy. Coporaciony operations are marine bleading (absorbial and dysting clonal), Operative Linearoscopy for polytic pais and informity. Repair of rectoracionistropide, cystocale, or polytic profuses, Trobogismy and other infertility surgery (not referoistigate). The basical de frecisional Hernia Repair with envision grantologic pracedure, thereared vaginal, therewaginal faculta, Vankovinginal Ecolar, rectoraginal faculta, vankovinginal Ecolar, valvus singery. Valvestomy, mission Admin welluma diseases, trast ind provide. Admit, available, disenses, treat and provide contribution to fixture parions of all ages, EXCLUDING: Hypnestik Obstetrico Core Privilente Obstatricult Gynecology APPROVED 2009 ricry ligation continuous to receive parados y an appearant est of the femiliar provides the system and associated disorders, including unifor modical discusses

chart tre ecoupi learing factors in preparate. The scienc privileges in this specially rectude the processures fished and puch other procedures that pro extended of the same secunions, and skills. Performance of history and physical cusos -Amniocemede -Amnio influing Americancy or Caytobia industries Application of international and martina martines Ampairments and industries of labor by the of Oxylonia -Cameroral many, materies section Cardings -Carriest biopay or contrasion of carries in programs -Carcanicision of services at the carries artery The street service of preech adjustments of the plant of the property of the p HOWER RESERVOIR OF PRESERVE PROPERTY OF rices france, provisions taker, and resimple estación and placente absormatitles-Management of pictories with inferous medical surgical or obstatical complications for inducing labor mobilities said texastria. Quentined abordon, normal preparal periors. ocupit aniegoroum mich poste cettarium complications, Situl demise -Manual mendous of placouse, interior convings Manifestionic induce that but majority - Administration and section many from producing formal apparation procedures, technical Characterial displacatio procedures, technical administration and other rollowers in applie scalarities of Describe veginal delivery. (including fluoring viscount extraction, bracks extraction) - Forform were all breach stad confident detrooks - Juderalah and paractrical blocks «Repels 4th degree periods becoming or of curvical or vegin permona reconstrons or of curvical or veginal functorious -transressit of model tomplications of product complications of product programmy individually programmy individually programmy individually produced production, stabules to allient retail disease, commissional productions and the production of the production coursy disease, decomboambolio disord poleromny disease, necessoraneous number influctions disease, sotopic programly and othe socialisms of programmy, make as factorapiese, completes or influed abortion -Vaginal birth after other case meeting (YBAC) - Ephysicany end repoir -Sporesoons varies delivery capitalie -Andrebesis and nordpasts; I. maternal paderica De at TV: 2. Local; 3. redenal block; A. Pierpsorvited block

Obstance Dynasology APPROVED 2009 Reproductive Endouriseday Com Petrologia Admid. evaluate, diagrame, treat and provide imputers or compations consultation to patients of all ages except as specifically consided from pratice with problems of fartility. Privileges tochade but are stellarized to - Castrale interfallopius transfer (C.I.F.T.) - Infertity and andocries mention (C.I.F.T.) - Infertity and andocries, my perpendictionant a histories, ammountes, by perpendictionant a histories, ammountes, by perpendictionant a conferent of copyes. "Technique of IVF including mainsubous afternational conference of copyes." Technique of IVF including mainsubous afternation of IVF including mainsubous and imposterior of including mainsubous and imposterior in impostantion. Intre-abdoptional transfer of imposterior.

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TO MRS				
VU MRS			•	
•				
March 13, 2015				
MD				
Planned Parenthood of Indiana and Kentucky				
8645 Connecticut Street				
Marribulle, IN 46410				
RE: Backup Agraement				
A confidence and the confidence of the confidenc				
Dear Dr.	· à			
This letter confirms our agreement that we will provide e	maneanar haskaan ee	minac for	LSAL (P	
abortion patients in the event of a complication, emergen				
that requires hospitalization pending your dotaining somi		Etabeliadi (1	i Ceria	
	A THE PARTY OF THE			
We have admitting privileges in Obstetrics and Gynecolog	yat	•	4) In	
We will arrange patient admission and care for				
services according to each patient's need. Of course, any		ediate can	e	
should be evaluated at the closest emergency care center				

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pages numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Mar Send to E striperally, take

take core of your patrons

MD , MD .

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrillville, IN 46410

RE: Beckup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be availuated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (50) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,	- ·	·
anth a fu	, MD	Phone:
Phone:	,MD	Phone:

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **					
TIME RECEIVED April 13, 2016 4:27:44 P	newires rett		DURATION 55	PAGES 1	STATUS Receiv
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April 13, 2016					
MD					
Planned Parenthood	of Indiana and Kentucky				
8645 Connecticut Stre					
Merrillville, IN 46410					
RE: Backup Agreemer	nt				
Dear Dr		•			
See Fir .					
White become annihome is	ur agreement that we will	provide emergen	cy back-up	services fo	er your
White become annihome is	ur agreement that we will he event of a complication), emaigency situa	MOU OI OTH	CH HILLDIGA	r your I naed
White become annihome is	he event of a complication	provide emergen , emergency situs obtaining admitti	MOU OI OTH	CH HILLDIGA	r your I need
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This letter confirms of abortion patients in that requires hospital We have admitting power will a services according to	he event of a complication lization pending Dr.	obtaining admitti Gynecology at and care for each ourse, any patient	ing privilego	es, ; eding urge	f In
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Phone:

Phone!

MD

Phone:



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

MICHAEL STENGER, ADMINISTRATOR FRANCISCAN ST MARGARET HEALTH - HAMMOND 5454 HOHMAN AVE HAMMOND, IN 46320

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD MERRILLVILLE 8645 CONNECTICUT ST MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Heulth 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization,

DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely.

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician (1) Privileges Effective Bate Status 40139 M, I). 6/10/2016 thru 6/9/2018 Active Privilege Division Speciality Scelien Description Privilege Description Number Nitter Admit. evaluate, elimpiese, treat, and provide constitution, pro-, lotte-, post-uperalise cast accessery to correct or treat female particula of all ages presenting with injuries and disorders of the fermi expendicative system and the pentionary system and non-surgically frest The care provident in the specialty include the procedures listed and such other prisonlesses that are entermission of the mine lackmones and childs. Farkwannece of history and physical nam - Adaptal surgery, tochading ovaria cyarctomy, cophercebeny, suspensaciony, and conservative prescriptors for treatment of comple programsy Appiration of breast consens Convicul bloosy, including contraction Colpociairis -Colpopiany -Colposcopy -Cymoscopy ac part of gynecological procedure Disgnostic and frempentic D&C -Disgrantia and operative Lapacoscopy (other than tube) merilipation) - Heplandary becausers, the Magnitude and instituted of polyto pala, polyto was hereconstitutions, endoescerlosis and efficators - Endometries ablation - Gymenik go onography - Hysleria france, abilentical vaginal, instuding laparmenpic -liveteroscopy diagnostic or abiative excluding use or Hondelion (170 EXCLUDING Vacina APPROVED 2009 3 Lignoratingy Cina Privileges excetion rechnique 4200 of Burthalin systian Hysterectumy, including reaction recompacture - 12.11 of Hardwitz myster perfects \$400000 - 14.11 of pelvic absenced. - Incidental approximations - Managination for Hardwitz myst. - Metrophetly - Mason grapoulogical surgical procedures (onthroadrial broads, distator and constitute, troatment of Bartholin cyst and amount) - McCuriplasty. - Myomoctomy, abdeminal Operation for transmitted of marketing. Sporoscopic and Operation for transactiful energy itage continuous of the valve, vagina, cademente every, in convin, Operation for stort trainer (unbai ligation). Operation for treasmired of expany street meantinance; regional approach singuisis wednes suspension, sing wocodure, Operations for montainers for benign privic discuss. D&C with contraling aparotomy, abdominal hydrocalcany, vaganal ingenerative and a state of the chterocele, cystocele, or petrio prelique Tutispianty multifler infertibly purpose (not unferomytical), Umbilical & Institutual Hernis Repair with another gynerologic procedure. Impressoral vegical, Exceptagional include. Venturaginal fluids, 1000000 and florals Observations spok, Valva hippy, Volvectory, simple Obsidirity Core Privileges About, evaluate, diagrapse, from and provide APPROVED:2009 EXCLUDING: Hypogannic consistion to family purious of all eges, archy provide medical and surgion care of the lemals reproductly a system and imposinted disorders, including arrior medical disoases ercry Ligation

Page 2 of 3

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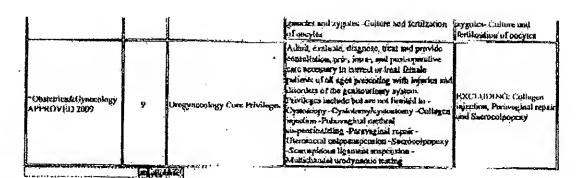
*Olekariczak Gystemiczy APPHOVED 2009

Reproductive Understantony Core Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Siricerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician II) 49601 Name.

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Privilegen Effective Bate 6/10/2015 them 6/9/2017

Status

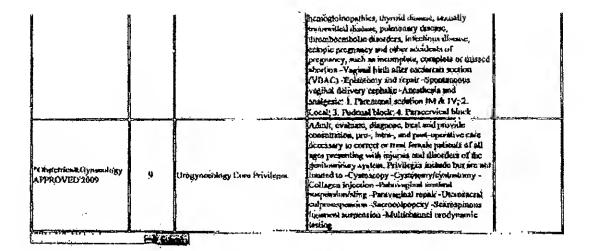
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Page 2 of 3

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

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In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the:

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DEPARTMENT: SPECIALTY:

Obstetrics & Cynecology
Obstetrics & Cynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

Linison

Medical Staff

Page 1 of 3

Physician Privileges

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 7/6/2013 thru 7/9/2017
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Page 2 of 3

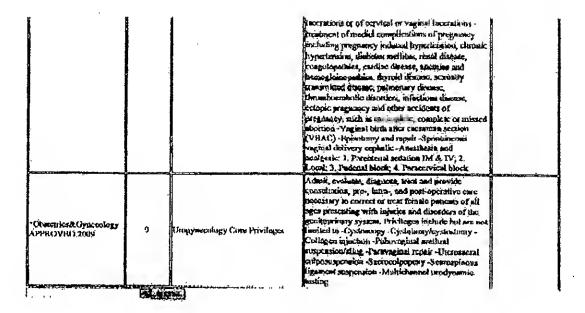
System, or decommended of Imbring and persence communicarate with the requirements for obstatutog privileges to perform the open procedures. 4. Dosputications of substactory a galaken bakebrawe-ACIV off to policiferos he wife weight the reboths marginal systems which sees soring guidatest respects abovers an elucion have day off cite training at the Intuitive Surplest live. (ISI) Training Comor. S. domestime to provided by 151 of latving observed at least two (2) robotio operations performed by un experiment or resident OR 1. Success fully completed training in resident confirmed by the program director with a letter of support from facir facility, UR 1, Currently meets the above qualifications and expressly has full privileges in perform de Vinci sanginal systems provident at another facility. Physicians moding these errors must relicate all facilities where they perform this procedure and provide a case but of procedures done and nutonic data in the past 12 coups as molisa broappied are documentation listed above. AND 1. Documentation of baving theoryal at loss two 92) robotic operations seriosmed by us usperiminal surgeon, 2) An identified proctoe for two (2) coates by a secural surgoon in the same sorgions specialty who has med the above requirements. Additional processed execu-mery has the discretion of the process and/or the Credentials and Professional Standards Committee OR De preciosed by a sleVious Industive Surgical pproved process from helde or outside of Methodisc Hospital, (approved 644/2)

*ObstelringkCymerolog APTROVED 2009

Observice Core Privileges

Admit, availants, diagnose, treat and provide religible to the sale patients of all ages, and/or wavide medical and surgical care of the female prinkietive system and armelated disorders. ocludies; ringer medical discusses that me complicating factors in polesiatory. The cure refivileges in this appointry include the projectures ided and such other procedures that are cripselon of the same sechniques and skills. Performence of descry and physical exam -Amulocentesis -Amulo influsion - Armstotomy or Citysocia Industrion Application of internal faint and provinc monitors Automorphica med indendion of fallow by mer of Daylocia «Cactarean hydroschung», burneralism of rection -Cerolage -Cervical blopsy or contestion of territe to pregnancy - Circumointon of newhoru -Hatornal vision of broom-Hypogantric anery ligation demonstrate pers of the nontonn (molecting researchation and intellection) described on finish manifestag. Low or mid forcess delivery, including pastors - Management of high risk preguadcy medicaivo of such monditions as pro-clampola, postdition, third presenter blending, intrinstrant, green ectivitation, promotore pupiers of membrane promotore labor, and multiple position and of scenes abnormalities -bisomic ment of patients wild without medical anglesi or observiced surplications for reason labor including suite oxemia, threatened aboutlon, removal properat periods, normal autoporture and postportum curo mainten permiteriore, senior description description equipment servals, stemme towering o Modicalitato ladatis first ling materily -Numbal quintancous vaginal delivery -Obstetuical vaginal delivery (including forces, vaccine formation vaginal delivery (including forces, vaccine formation) - Performance of vaccine formation, present test and provided forces vaccine formation of the provided forces of the pro breech and asultifotal delibrories -Posteribi and ernouvical blocks -Repair 4th degree periocal

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the ____. is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology Obstatrics & Gynecology

SPECIALTY: CATEGORY,

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 2

Physician Privileges

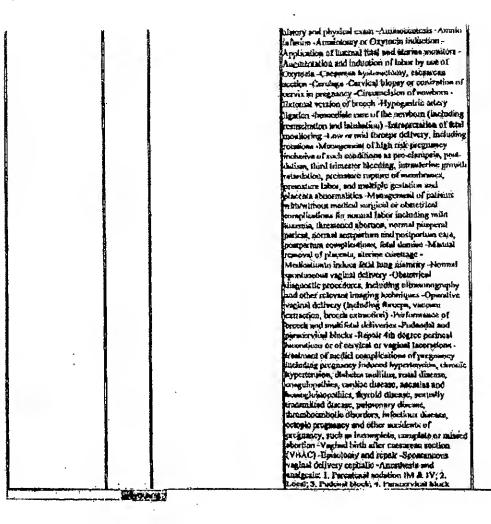
Physician III 13243 Year

M.D.

Privileges Effective Date 1/10/2014 then 1/9/2016

Status Autho

Division Speciality	Privilege Number	Section Description	Privilege Description	Notes
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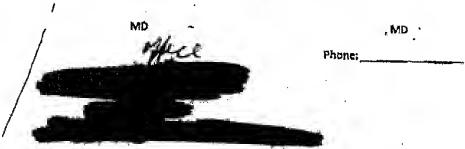
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INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ** TIME RECEIVED March 17, 2015 2:51:10 PM EDT PEMOTE CSTO DURATION 139 PAGES 6 STATUS Received 03/17/2015 13:47 PAGE 01/86 March 13, 2015 Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrilville, IN 46410 RE: Backup Agreement Dear Dr. This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a campilication, emergency situation or other medical need that requires hospitalization panding your obtaining admitting privileges. We have admitting privileges in Obstetrics and Gynecology at · Hn We will arrange patient admission and care for each pauent needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center. In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement

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#104 P.002/002

07/14/2015 15:59

July 14, 2015

From: PLANNED PARENTHOOD OF INDIANA

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrifiville, IN 46410

RE: Backup Agranment

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in We will arrange patient admission and care for each patient needing urgant care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care tenter.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,		••	
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	, MD	MD	
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obtaining admitting privileges.

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We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,	
MD	Phone:
MD Phone:	Phone:

Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commitszloner



July 11, 2016

CROWN POINT, IN 46307

BARBARA ANDERSON, ADMINISTRATOR

CROWN POINT, IN 46307

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (i);

where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through astablished criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this

DEPARTMENT:

SPECIALTY:

Obstetries/Gynecology Obstatrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Medical Staff

Page 1 of 3

Physician Privileges

Physician (1) Privileges Effective Date. 40130 States M. D. 6/10/2016 then 6/9/2013 Active. Privilege Division Speciality lection Description Privilege Description Names Admir, evaluate, elimpiese, frost, and provide conditation pre- Intra- predisperative case constany to correct or treat female particula of all ages presenting with injuries and disorders of the fermi reproductive system and the geniteership system and non-surgically treat distriction and inducies of the minimum glands. The core providence in the specialty include the procedures listed and such rether procedures that are entermines of the since techniques and delite. Partermines of history and physical custo - Adoctol surgery, lectuding must be considered to the control of the customy, substitutions, to locations and sendomines perferonces but otopio pregnazzy -Aspiritica of bress sames -Corrical Biopsy, technica conimeton Composition - Colpoptemy - Colposcopy -Assocoobs at back of Chrosopolical barmerline Magacolle and therapaule MAC - Magnestic and operative Lipscoscopy (other than tubul sterilization) -Rightwaleny Agrandium, the disgresses and technical of polyse phia, privie as, homoperitonous, undometriosis and dheislous - Endomestrat ablation - Cymeonic ye onography Hysteric listry, abilomical. aghad, including lapanoscopic -Hysicroscopy *Charling & Crystal APPROVED 2009 To our guidelists excluding two of 3 DICLUDING VARIOUS Cigniculting Cina Privileges resection sechalique -1.000 of Hurthislin isyst or Hysterectomy, including perfined abotous (Mt) of privic absence -incidental appendictionsy - Waterprintication of (pa) Ostonyac and Receivaging listely Hartholin cynd-Mctroplasty -Missor Instrument type-meaning-many manuscription and procedures (confinential larges, thether and encourage trousment of Bermotin type and encourage from the first procedures, individual, Operation by benticipal of berly stige. erotocrea of the valve, vactice, endometrions vary, in tervit, Operation for Meditation (unbal ligation) - promine for treatment of minery street increations on the property of the p edispublic arestral auspancion, siling recodure, Operations for presumers for benign privic discess: DRC with controlling aparotomy, abdominal hyphroclomy, vaginal hystoretomy, sulpingentumy, our businessomy; Operation for identic blooking (shoot not and dyallisational), Operative Laparoscopy for pelvic pain and laterality, Repair of reconcele, party pan and another, a communication of the control of the contr Repeir with another gyrecologie pracedure, (heropaeral yaghad, Uterroyagnal fishih, Venicovagical Intila, sectovaj hali fishih epair, Volvar Mopsy, Volvactomy, Primple *ChamicalCynepology APPAOVED2009 Obstetrice Core Privileges Attails, evaluate, thegroups, braid and provide compalisation to formula publishing of all trace, EXCLUDING: Hypogamic which provide modical and surgical care of the intery lightion

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Page 2 of 3

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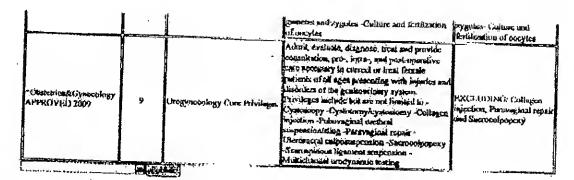
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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obsteirica/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

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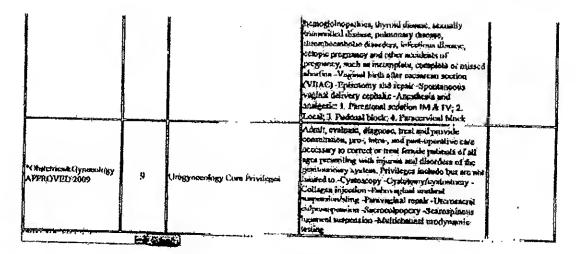
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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT:

Obstetrics/Gynecology

SPECIALTY: CATEGORY:

Obstetries & Gynccology

Active

INITIAL APPOINTMENT: 07/12/2007 - Prescuit

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Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician III 40360 Name

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Status

7/6/2013 Uma 7/0/2017 Active

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APPROVED 2009

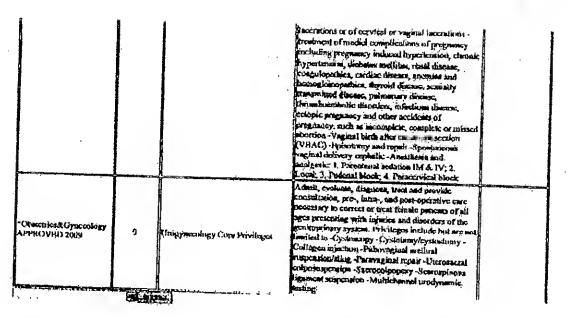
Obstantes Core Privileges

Page 2 of 3

Surgical System, or commendation of training and experience communicative with the requirements for chrahing privileges to perform the open procedure 4. Documentation of satisfactory completion of the PIA mandated training course w := fa ico of the rebode surgical system which mud smiliado ani tensido system tenining plus uno day off site training at the Intuitive Surgical for. (ISI) Training Comer, 5, doomeronion provided by 251 of acting observed at least two (2) robotic baselius hergained ph on collectioned sealiess OR I. Successfully completed including in vestilens continued by the program director with a letter of support from their fieldry. UR 1. Currenty meets the above qualifications and currently has full providence la prefimm de Vince margicul systems woundere is writher facility. Physicians musting bene critoria cutuat indicato all facilities solucio liter perform this procedure and provide a case fug of procedures done and nutonic data in the paint 12 courts as well as providing the doctimentation Hard above, AND I. Doormontation of briving absorved in lengt two 92) robotic operations earthraced by an unperionized surgains, 2) An idealified proctor for two (2) coses by a recentle sorgeon in the same surgical appealably who has med the above requirements. Additional proctored cases mey be at the discretion of the process males the Condensate and Perfectional Standards Commission OR Be precional by a laVinic Bratilia Sengian approved process from hielde or outside of McChodiet Hospital (approved 6/4/12) Admit, avaluate, discusses, treat and provide completion to these patients of all ages, unidos provide modical and surgical case of the female iproductive system and mescinical disorders, richeling, player mechan therman that are complicating factors in polynomics. The cum whether in this specialty include the procedures infed and such other procedures that are extension of the same techniques and skills. - Performance of distory and physical execu -Amnioceasess -Amnio influsion - Ameliotomy or Ocymotic induction -Application of informal field and obvine monitors: Approximate and industries of later by two of Oxylocia si assessi rection Cerolage - Cervical blopsy or contradion of new lit is programecy - Circumschion of newboom : Makemal worston of broads -Hypoganzio amery Againse - menculate comp of the viewboan (melading researchation and indubation) - fatequesisting of fold monitoring -Low or mid through delivery, including reactions. Management of high risk programby actuative of rands preedictions as pro-clampsia, postm, third transactive himseling, introduction gainst cciardation, productor replans of manishmen romatorc labor, and assistiple gestation and Macorea abrocavalities Miningrament of patients or the relations are the substitution of the s carenia licentencel strutters, rennesi propersi period, normal autoporture and postporture there. posițiartum compileations, firmi domisc -Manual reserved of pleasure, steering country - Menual Medicalinsto industry little long materity - Narmal spectaneous waging delivery - Obstetuted charmede procedures, including stimesonography and other relevant imaging techniques. Operation riegins) defrecy (including forceps, vaccing activation, briefs extraction) - Farfacounic of breech and auditional deliveres - Pademini and

storvical blocks Ropais 4th dogsec periacel

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the ______ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DÉPARTMENT:

Obstetrics/Gynecology Obstetrics & Gynecology

SPECIALTY:

Active

CATEGORY:

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 2

Physician Privileges

Physician LID 13243

teme.

-1

M, D.

Privilegea Effective Date 1/10/2014 fra: £9/2016

Station Author

Division Speciality	Privilege Namber	Section Description	Privilege Description	Notes
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	March 13, 2015					
	MD Planned Parenthood of India: 8645 Connecticut Street Menillylile, IN 46410	ņe and Kentucky				
	RE: Backup Agreement					
	Dear Dr.					
	This letter confirms our agree abortion patients in the event that requires hospitalization to We have admitting privileges	t or a complication, emergence ending your obtaining admit in Obstatrics and Gynecology	cy situation or other a ting privileges;	niedical ned	od a	
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07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merriffville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in in We will arrange patient admission and care for each patient needing urgent care seconding to each patient's need. Of course, any patient needing immediate care should be availabled at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (20) days' notice if we need to modify or cancel this agreement for any reason.

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	, MD	MD
	· · · · · · · · · · · · · · · · · · ·	Phone:
	, MD	MD
Phone:		Phone:

** INBOUND	** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **					
RECEIVED 13, 2016 4:27:44 FM EDT	perior Lette	DURATION 55	PAGES	STATUS Received		
16 16:30 FAX	*	- F18		20001/0001	-	
FAX to						

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. ubtaining admitting privileges.

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We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

	Sincerely,	`	
*		MD	Phone:
	Phone:	MD ,	Phone: MD

Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner



July 11, 2016

TERRENCE KLEIN, ADMINISTRATOR 1710 LAFAYETTE RD CRAWFORDSVILLE, ÎN 47933

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

county described in subdivision (1);

where abortions are performed.

Respectfully,

\s\ Randall Snyder, PT, MBA Division Director Acute Care



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MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder Indiana State Department of Health 2 N Meridian Street Indianapolis, IN 46204

Re;

MD

Is committed to the provision of quality care and is accredited by HFÁP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allled Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(les)	Staff Category	Status
ė.	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
,	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you regulre additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

June 1, 2016

MD Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

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In the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

M,D.

Dear Dr.

On behalf of the Board of Directors of It is my pleasure to notify you of your reappointment to the Medical Staff of for two years. Your reappointment has been approved through December 31, 2017.

> Copies of your Delineation of Privileges forms are available from the Medical Staff Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

PH6 7

Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner



July 11, 2016

TYFAYETTE, IN 47905 1701 S CREASY LY FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST TERRANCE WILSON, ADMINISTRATOR

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

county described in subdivision (1);

where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



	VERIFICATION	SOURCE	YAAMIA
MOITALLIFIA	EMBERSHIP OR	M FFATS	VEDICAL

3102 ,01 anut

Randail Snyder Indiana State Department of Health 2 N Meridian Street Indianapolis, IN 46204

ye: wi

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review

activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer teview findings from drug usage evaluation, surgical case review medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	notalifith to establi	¿bacisty(les)	Viogets Official	susess
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•		Obstetrics and Gynecology	Соигеву	lnactive
<u></u>		Obstetrics and Gynecology	Р сфу е	Прасйче

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department

June 1, 2016

MD Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive

PE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I i will arrange patient admitsion and care for each patient meeding urgent care services according to each patient seed. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling please provide the patient's name, reason for refeiral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice it we need to modify or cancel this agreement for

Sincerely,

June 1, 2016

αW

Planhed Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency situation or other medical need that requires hospitalization.

I have admitting privileges in admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

January 31, 2016

for two years. Your reappointment

M.O.

On behalf of the Board of Directors of

Dear Dr.

, j. 31d

has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff

To fless the Medical State of your reappointment to the Medical Staff of

Office if required.

Please let me know if I may be of assistance to you.

President & CEO

Spicerely,



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

BRENDA REETZ, ADMINISTRATOR GREENE COUNTY GENERAL HOSPITAL 1185 N 1000 W LINTON, IN 47441

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randali Snyder

Division Director

Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-besed learning end improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fex:

June 3, 2014

ŘĘ:

DØ

Dear Sir/Madem:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review splittings for the purpose of concurrent/retrospective data collection, review and reporting. We confinually monitor and evaluate the care which our Medical Staff provides to our patients. This raylew includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dehtal/Advanced Practice Staff including professional, moral, ethical and physical regulrements.

Organization:

Specialties;

Gynecology

Date of Appointment:

04/27/1898 to Present

Staff Category:

Active.

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a devogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS wenter. medical Staff Services

Ø803/003

June 3, 2014

DÓ

Rei

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not healtate in contacting me.

Regards;

UPCS Manager, Medical Staff Services

1

ŧ

**	INBOUND	NOTIFICATION : FAX RECEIV	ED SUCCESSFULLY	**	
TIME RECEIVED Gecember 8, 2015 11:04:	07 AM EST	REMOTE CSID	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00	***		ўўў ў	 -	P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical nead that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at ! ind: ind: in If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is a please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evallable patient records should be sent with the patient.

in the event my services are needed ofter the patient has left the facility, the PPHAK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Door Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at ! I and

If the covering GYN physician of the uny manage of these hospitals is
uncomfortable with any postsbortal services patient from Planned Perentbood of
Indiana (PPIN) peeding admission. I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Pornenthal: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the averadure, before the patient has left the facility, motact me by calling my office a In addition, my cell number is "Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has laft the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

Michael R. Pence Governor

Jerome M. Adama, MD, MPH Siele Health Commissioner



July 11, 2016

GREENHETD' IN 46140 801 N STATE ST HYNCOCK KEGIONYT HOSHITYT STEPHEN LONG, ADMINISTRATOR

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4,5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting privileges described in subsection (a) is located; and is located; and
(2) each hospital located in a county that is contignous to the county described in subdivision (1);

county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

· MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are eccredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - petient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medicel/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Presunt

Staff Status: Active

Department/Section:

Specialty:

If you need additionel information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of aniesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonery care, supervision of petients in post-anesthesia care units and critically ill patients in special care units.
- Ine application of specific methods of respiratory therapy.
- The clinical management of the petient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by spacial techniques (e.g.; nerve blocks, epidural or intrathecal oploids)
- The menagement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and suparachnoic injections
- Peripheral nerve blocks
- > 10 Yeers
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- Administration of sedationAdmitting PrivilegesLimited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

; will provide Clinic For Women with hospital admitting privileges for Dr. patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Clinic for Women

Hospital Admitting P	rivilege Agreement
In the event that a Clinic for Women (CFW) parabortion complication Dr. will contracted physicians at the Clinic For Women	
MD is in agreement that Dr. admissions to for any of his	will provide all emergency spatients from the CFW.
CFW's Administrator and clinic doctor(s) will regarding the patient's status. The Clinic Adm patient at the hospital, making herself available	provide pertinent information to me
CFW will maintain contact with the patient three provide follow-up care at the clinic.	oughout her hospitalization and will
With written approval/release from the patient, copy of any patient's hospitalization records to	Dr. grees to provide a complete CFW under this agreement.
	naveilahl
MD	Date 3. /. 14
- WO	Date Much 1, 2014 Date



Hospital Admitting Privilege Agreement

admissions to for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

·MDJ	Date	
i MD	March 1, 2014	



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. i will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. ... will provide all emergency admissions to for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred to ! via ambulance to the Emergency department.

MD Date 3.1.14

Date Date



Hospital Admitting Privilege Agreement		
In the event the abortion components of the contracted phonon cont	nat a Clinic for Women (CFW) patient requires hospitalization for an vill agree to admit any patient (s) for all ysicians at the Clinic For Women.	
admissions to	MD is in agreement that Dr. will provide all emergency for any of his patients from the CFW.	
patient at the l CFW will mai	patient's status. The Clinic Administrator will accompany or meet the ospital, making herself available to both the doctor and the patient.	
	ntain contact with the patient throughout her hospitalization and will -up care at the clinic.	
With written a copy of any pa	oproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.	
With written as	oproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.	
With written a copy of any pa n the event the	oproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.	
With written a copy of any pa in the event that	oproval/release from the patient, Dr. agrees to provide a complete tient's hospitalization records to CFW under this agreement.	

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quelity management activities, ongoing professional prectice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ebove practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Famliy Medicine

Specialty:

Family Prectice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		
**** This is an EXTERNA unknown senders or une	AL email. Exercise caution. DC	NOT open attachme	ents or click links from
Mr. Snyder,		hat a ghalladay ya aya ga a la la la la la la la la la la la la 	er yn en de dae'n de dae'n de dae geleiddiol y dae yn dae yn dae dae'n dae ac ac en en en yn yn y dy'n ac ac y
This is to confirm that a reappointment by February 1	, M.D., does have admitt 1, 2017.	ing privileges at ?	He is due for
If you have any questions, plo	ease do not hesitate to contact me.		
Thank you,			
Director Medical Staff Affairs			
			•
Office: Fax: Email:			
From: Snyder, Randall [maill Sent: Friday, June 10, 2016 To:	12;33 PM	ng e commentation of the contract of the second second	and the second of the second s
Subject: RE: Privilege Verific Ms.	atton		
	.16-34-2-4.5(c)(2), "The state depart		
The state department has re- the department.	ceived an admitting privileges docur	nent in regards to a licen	sure application on file with
Therefore, pursuant to state of this request with a reappo	law, please verify that Dr intment date of 2/1/2017.	currently holds adr	mitting privileges as of the date
I have included last year's red A reply, like the one dated 10	quest for reference should it be need 0/20/15 is sufficient.	ded.	
Thank you.			
From: 1 Sent: Tuesday, October 20, 2	015 10 42 884	 -	

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of

has approved your reappointment at

OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

al

Attachment

14 14 1

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. ** *



March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated february 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

October 19, 2015

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and i, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.



June 9, 2014

MD Planned Parenti God of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall From: Sent Friday, June 10, 2015 12:42 PM To: Snyder, Randall Subject: RE: Privilega Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email, **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at , He is dua for reappointment by February 1, 2017. If you have any questions, please do not hesitate to contact me. Thank you. Director Medical Staff Affairs Office: /: Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM Subject: KE: Privilege Verification Ms. " Pursuant to Indiana Code 16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..." The state department has received an admitting privileges document in regards to a licensure application on file with Therefore, pursuant to state law, please verify that Or...

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

of this request with a reappointment date of 2/1/2017.

Thank you.

From:

Sent: Tuesday, October 20, 2015 10:42 AM

currently holds admitting privileges as of the date



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records abould be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely.

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenus Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization I have admitting privileges at

If the covaring GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at ,

. In addition, my pager number is Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page ms to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of

Patients requiring emergency care will be directed to seek services at the hospital nearest

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for

Sincerely,

M.D.

January 29, 2013

_, M.D.

Denr.

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

KEVIN SPEER, ADMINISTRATOR HENDRICKS REGIONAL HEALTH 1000 E MAIN ST DANVILLE, IN 46122

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222

June 10, 2016

Randeli Snyder Division Director Indiana State Department of Health

RE:

· MD

Dear Sir/Medam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are eccredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient cere, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.



- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical manegement of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of ecute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardlac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Peripheral nerve blocks
- > 10 Yeers
- 0 -2 Years
- 2 10 Years

- Administration of sedationAdmitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

; will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

(MĎ



Hospital Admitting Privilege Agreement		
In the event that a Cabortion complication contracted physician	linic for Women (CF) on Dr. as at the Clinic For W	W) patient requires hospitalization for an will agree to admit any patient (s) for all omen.
MD is in admissions to	n agreement that Dr. for any o	will provide all emergency of his patients from the CFW.
patient at the hospital	r and clinic doctor(s) 's status. The Clinic / l, making herselt avail	will provide pertinent information to me- Administrator will accompany or meet the lable to both the doctor and the patient
provide follow-up car	ontact with the patien re at the clinic.	t throughout her hospitalization and will
With written appröva copy of any patient's	Vrelease from the pati hospitalization record	ent, Dr. grees to provide a complete is to CFW tinger this agreement.
In the event that Dr.	'is out of town	or unavailable, the patient will be transferred Emergency department.
MD	•	Date 3.1.14 March 1, 2014
	L (**)	. 4



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

admissions to for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr.

is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

MD1 M	Date Date
MD	March 1, 2014



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr., r will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all for any of his patients from the CFW.
OFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor.

patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr.

to!

is out of town or unavailable, the patient will be transferred

via ambulance to the Emergency department.

MD Date

3.1.14

MD Date

Date



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr. admissions to for any of his patients from the CENV			
regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
With written approval/release from the patient, Dr. copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred to via ambulance to the Emergency department.			
MD			
Date			
Date 7, 2014			

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiena State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ebove practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine
Specialty: Family Practice

If you need additional Information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randali			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PN Snyder, Randall RE: Privilege Verification	A	
**** This is an EXTER unknown senders or t	NAL email. Exercise caution. D	O NOT open attachme	ints or click links from
Mr. Snyder,	alayan ki ki ki ki di Palayan a majamaki ki majambin asa ka ka ka ka ka ka ka ka ka ka ka ka ka	داره المعلق المعلق المواقعة المعلقة على المعلقة المعلقة المعلقة المعلقة المعلقة المعلقة المعلقة المعلقة المعلق المعلقة المعلقة	iku nga nam anana w igi si ik a mungu dadi anta nampina nama danih aka nampina mungkangik masi namb
This is to confirm that a reappointment by Februa	, M.D., does have admi ry 1, 2017.	tting privileges at :	He is due for
If you have any questions	, please do not hesitate to contact me		
Thank you.			
Director Medical Staff Affairs			
Office: Fax: Email:			
From: Snyder, Randali [n Sent: Fridev. June 10. 20 To: Subject: RE: Privilege Ve		embles are to seem of the conference of the conf	en de arme et : Amerikanspel emert et tilspjelering, manet al. 1 April 1980 et 1980 et 1980 et 1980 et 1980 et
Ms.			
The state department has the department. Therefore, pursuant to st	16-16-34-2-4.5(c)(2), "The state depa received an admitting privileges docu ate law, please verify that Dr. ppointment date of 2/1/2017.	ument in regards to a licen.	-
I have included last year's A reply, like the one date	request for reference should it be ne d 10/20/15 is sufficient.	edêd.	

Thank you.

From: 7 % Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of

has approved your reappointment at

OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

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Attachment

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And the second

1964



March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated february 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

October 19, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at 'nď . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.



June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners; will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.



June 9, 2014

MD Planned Parenti God of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 🕟

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and
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In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as
a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Stail Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall From: Sent: Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject: RE: Privilega Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email, **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017. if you have any questions, pléase do not hesitate to contact me. Thank you. Director Medical Staff Affairs Office: /: Fax: Email: From: Snyder, Randall [mailto:RSnyder1@lsdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM To: Subject: KE: Privilege Verification Ms. " Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..." The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed, A reply, like the one dated 10/20/15 is sufficient.

Thank you.

Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr. Women's Medical Center 1201 N, Arlington Avenus Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postebortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A many of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring smergency care will be directed to seek services at the hospital necrest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

_, M.D.

Dear.

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Medam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Heelthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management ectivities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-besed learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

ŘE:

DØ

Dear Sir Madami

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We confinually mention and evaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has mat the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, morel, ethical and physical requirements.

Organization:

Specialies:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this preditioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS manager, medical Staff Services

June 3, 2014

DO

RE

Admitting Privileges

Dear Dr B

Please he advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCs Managor, Medical Staff Services

1

TIME RECEIVED December 8, 2015 11:04:07 AM EST PPCG PPCG DURATION PAGES STATUS RECEIVED DURATION PAGES STATUS RECEIVED PPCG

Depamber 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my call number is in please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evallable patient records should be sent with the patient.

in the event my services are needed ofter the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Door Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at! I and
If the covering GYN physician of the curve of these hospitals is
uncomfortable with any postabortal services patient from Planned Perentbood of
Indiana (PPIN) needing admission. I will assume case of that patient, and will
arrange patient admission and case for each patient seeding my services according
to each patient's need.

Portunitied: Font: Century Schoolbook

Intra-operative complications:

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Michael R. Pence

Jerome M. Adams, MD, MPH Stele Health Commissioner



July 11, 2016

LAFAYETTE, IN 47905 ST65 MCCARTY LN INDIVNY ONIVERSITY HEALTH ARMETT HOSPITAL DONALD CLAYTON, ADMINISTRATOR

Dear Administrator:

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abortions are performed. county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (1) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA /S/



PRIMARY SQURCE VERIFICATION

Randall Snyder Indiana State Department of Health A Metidian Street

June 10, 2016

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is committed to the provision of quality care and is accredited by HFAP. We engage in quality review

activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Ailled Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

surers	YriogateD Heat	Spedalty(les)	dates of Affillation	fospitel/Facility
lnactive	Consulting	Obstetrics and Synecology		
- Active	әνй⊅А	Obstetrics and Gynecology	LT0Z/TE/ZT - 0T0Z/SZ/Z	
evirioen!	Contresy	Obstetrics and Gynecology		
evitaeni	ә∧фэ∀	Obstetrics and Gynecology		••

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely. Medical Staff Sérvices Department

June 1, 2016

nΝ

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive

Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in t and care for each patient meeding urgent care services according to each patient's need, Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient!s name, reason for referral, current medical condition and means of transport, A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason,

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June 1, 2016

CIM

Planned Perenthood of Indiana and Kentucky 964 Mezzanine Drive

Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abourion patients in the event of a complication, emergency skuation or other medical need that requires hospitalization.

have admitting privileges it admitting privileges it set needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient,

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason,

Çincerely,

January 31, 2016

Dear Dr.

HAR

 $\mathcal{A}^{\mathrm{OHd}}$

has been approved through December 31, 2017. for two years. Your reappointment it is my pleasure to notify you of your reappointment to the Medical Staff of On behalf of the Board of Directors of

Office If required. Copies of your Delineation of Privileges forms are available from the Medical Staff

Please let me know if I may be of assistance to you.

Sucerely,

President & CEO



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

BRADFORD DYKES, ADMINISTRATOR INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL 2900 W 16TH ST BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

QQ

Dear Sit/Madam:

Is accredited by the Joint Commission and is committed to the provision or quality of care, Wo angage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the cape which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and depertmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dehtal/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

GPCS menager medical Staff Services

June 3, 2014

Þø

RE

: Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS Manager, Medical Staff Services

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TIME RECEIVED REMOTE CSID DURATION PAGES STATUS RECEIVED DURATION PAGES STATUS RECEIVED 2015-12-08 11:00 P1/8

December 8, 2015

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Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

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In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my call number is a Please provide the patient's name, reason for reterral, current medical condition and means of transport, A copy of all available patient records abouid be sent with the patient.

in the event my services are needed effect the patient has left the facility, the PPINK physician on cell should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 2 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County. Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at! I and

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to each patient's need.

(Porwatted: Fort: Century Schoolbook

Intra-operative complications:

Post-operative complications:

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I agree to provide you thirty (30) days notics if I need to modify or cancel this agreement for any reason.

Sincerely, ...

GOVERNOF Michael R. Pence

State Health Commissioner Jerome M. Adams, MD, MPH



July 11, 2016

BLOOMINGTON, IN 47403 **201 M SECOND 2T** INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL MARK MOORE, ADMINISTRATOR

Dear Administrator:

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abortions are performed. county described in subdivision (1); (2) each hospital located in a county that is configuous to the is located; and granting the admitting privileges described in subsection (a) (I) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA



PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE.

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Jane 3, 2014

RE:

DO

Dear Sit Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advenced Practice Staff including professional, morel, ethical and physical requirements.

Organization:

Specialties;

Gynecology

Date of Appointment:

04/27/1098 to Present

Staff Category;

Active

A review of this preditioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS IMARIBUET, IMEDICAL STATT CONVICES

June 3, 2014

DQ

RE

Admitting Privileges

Dear Dr B

Please be edvised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS Manager, Medical Staff Services

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TIME RECEIVED REMOTE CSID DURATION PAGES STATUS OPECEMBER 8, 2015 11:04:07 AM EST PPCG 221 8 Received 2015-12-08 11:00 P 1/8

December 8, 2015

МП

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at 1 ind: ind: ind: ind: lifthe covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is i Please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evallable patient records should be sent with the patient.

in the syent my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Door Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land
If the covering GYN physician of the care no paper of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission. I will assume care of that patient-and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

OF dud witt

Porpunitied: Fort: Century Schoolbook

Intra-operative complications:

sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has last the facility, the PPIN physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, ...

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Siele Heeilh Commissioner



July 11, 2016

INDIANAPOLIS, IN 46202 INDIANA UNIVERSITY HEALTH DAVIEL EVANS, ADMINISTRATOR INDIANAPOLIS, IN 46202

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

county described in subdivision (1);

Respectfully,

\s\ Randall Snyder, PT, MBA Division Director Acute Care



զրոհորհիրհրինի հարակին հայարակին հայարակին CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peor review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventiletion, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- Ine application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opicids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- · 0 -2 Years
- * 2 10 Years

- Administration of sedation
- Admitting Privileges
- Limited critical care



ADMISSION PRIVILEGE AGREEMENT

: will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

; MD



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr. wi admissions to for any of his patients from	ll provide all emergency om the CFW.		
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. copy of any patient's hospitalization records to CFW times, this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
MD Date 3.	1.14		
TWO Mutu Date	ch 1, 2014		



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MI) is in soreement that Dr. admissions to for any of he	: will provide all emergency r patients from the CFW.		
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
·MDJ	Date Date		
: MD	Murch 1, 2014		



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Climic for Women.

MD is in agreement that Dr. .. will provide all emergency admissions to for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred to! via ambulance to the Emergency department.



Hospital Admitting Privilege Agreement	
In the event that a Clinic for Women (CFW) patient requires hospitalization abortion complication Dr. will agree to admit any patient (s) contracted physicians at the Clinic For Women.	for an for all
MD is in agreement that Dr. admissions to for any of his patients from the CFW.	
cFW's Administrator and clinic doctor(s) will provide pertinent information regarding the patient's status. The Clinic Administrator will accompany or making herself available to both the doctor and the providence of the provide	eet the
CFW will maintain contact with the patient throughout her hospitalization and provide follow-up care at the clinic.	will
With written approval/release from the patient, Dr. agrees to provide a copy of any patient's hospitalization records to CFW under this agreement.	complete
In the event that Dr. is out of town or unavailable, the patient will be to	ransferred
••	
MD - Date 7 2014	
MD Date 7, 2014	/

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. Wo engage In peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me,

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DØ

Dear Sir/Madam:

Is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dehtal/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialities:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS Menader, Medical Staff Services

@003/003

June 3, 2014

DØ

RE

: Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not healtate in contacting me.

Regards,

CPCs Menager, Medical Staff Services

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** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY ** TIME RECEIVED December 8, 2015 11:04:07 AM EST PPCG 2015-12-08 11:00 PAGES STATUS Received YYYY P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization panding your obtaining admitting privileges.

I have admitting privileges at I ind. in if the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest amergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients regulating emergency care will be directed to seek services at the hospital nearest to them.

lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Dear Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land
If the covering GYN physician of the uny number of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission. I will assume care of that patient, and will
arrange patient admission and core for each patient meeding my services according
to each patient's need.

Formuthed: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, wotact me by calling my office a lin addition, my cell number is Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

ոկհիլիվիհիլիհիրիկիիիիինարդակիիի PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general compotency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Speciaity:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		
**** This is an EXTERNA unknown senders or unex	L email. Exercise caution. DO xpected email. ****	NOT open attachmen	ts or click links from
Mr. Snyder,	and the state of t	and a second se	و الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود المو الموسود الموسود
This is to confirm that a reappointment by February 1,	, M.D., does have admittin	ng privileges at :	He is due for
If you have any questions, plea	ase do not hesitate to contact me.		
Thank you.		•	
Director Medical Staff Affairs			
Office: Fax; Email;			
From: Snyder, Randall [mailto Sent: Friday. June 10. 2016 12 To: Subject: RE: Privilege Verifica	:RSnyder1@isdh.IN,gov] 2:33 PM	and a common of a first of the company of the compa	THE RESPONSE SERVICES (MICROS & SHEEPERS MICROSCHEE) SERVICES
Ms.		•	
	6-34-2-4.5(c)(2), "The state departm		-
Therefore, pursuant to state la of this request with a reappoin	w, please verify that Dr.		ting privileges as of the date
I have included last year's requ A reply, like the one dated 10/	iest for reference should it be neede 20/15 is sufficient.	d.	
Thank you.			•
From: 1 1 3 Sent: Tuesday, October 20, 20:	15 10:42 Ata		

Snyder, Randall

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at .. OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please confact Medical Staff Affairs a

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 4

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr. "

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parentl bod of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and
. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at i have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

i agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

Is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

կորհիվվավակարանինիկիկիր իրեկիկիկիկիկինինի WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall From: Sent Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject: RE: Privilege Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from. unknown senders or unexpected email, **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017. If you have any questions, please do not hesitate to contact me, Thank you. Director Medical Staff Affairs Office: F Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh,IN.gov] Sent: Friday, June 10, 2016 12:33 PM Subject: Kt.: Privilege Verification Ms. ** Pursuant to Indiana Code 16-16-34-2-4,5(c)(2), "The state department shall verify the validity of the admitting privileges document..." The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient. Thank you.

From:

Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, that act me by calling my office at In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (90) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenth of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergancy back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . . . In addition, my pager number is

Please provide the patient's name, resson for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current madical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

....., M.D

Dear:

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

ini

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of most clinical privileges, please contact Medical Staff Affairs at .

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Governor Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner



July 11. 2016

OOR GOBLE, ADMINISTRATOR 11700 N MERIDIAN ST CARMEL, IN 46032 CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

F. MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Freseni

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic; surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal oploids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- · Administration of sedation
- Admitting Privileges
- Limited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. ... will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

· አለነኮ ^፫

Date

3-1-14



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to. for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. grees to provide a complete copy of any patient's hospitalization records to CFW talder this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred to. via ambulance to the Emergency department.
MD Date 3. /.)4
Date Date Date Date



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·MDJ PM Date			
MD Date Date			



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Date 3.1.14

Date 2014

Date



· · · · · · · · · · · · · · · · · · ·		
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MD - Date Date		
MD Date 7, 2014		

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ebove practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Áctive

Department/Section:

Family Medicine

Specialty:

Family Prectice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall			
From:	•		
Sent:	Friday, June 10, 2016 12:42 PM		
To:	Snyder, Randall		
Subject:	RE: Privilege Verification		
**** This is an EXTERN, unknown senders or un	AL email, Exercise caution, DO NO expected email, ****	OT open attachme	ents or click links from
Mr. Snyder,	والمعاونة والمراجعة والمراجعة والمعاجمة والمواجعة والمواجعة والمعاونة والمواجعة والمعادة والم	ور هیونت بهراه به بید اکست با را توجه و آشد هندست به به دست و مستسید	от су предменять во до неменять выполнения
This is to confirm that , reappointment by February :	, M.D., does have admitting p 1, 2017.	rivileges at :	He is due for
if you have any questions, pl	ease do not hesitate to contact me.		
Thank you.			
Director Medical Staff Affairs	•		
		•	
Office:			•
Fax:			
Email:	1		
From: Snyder, Randall [mailt Sent: Friday. June 10. 2016 Fo:	o:RSnyder1@isdh.IN.gov] 12:33 PM	ر مین میدود میسید میشود در در در در در در در در در در در در در	رود ازال ومصور به معامله المعاملة معامله والمعامل والمعامل والمعامل والمعامل والمعامل والمعامل والمعامل والمعامل
Subject: RE: Privilege Verific	ation		•
Mś.			
Pursuant to Indiana Code 16- document"	16-34-2-4.S(c)(2), "The state department	shall verify the valid	lity of the admitting privileges
	elved an admitting privileges document i	n regards to a licens	ure application on file with
Therefore, pursuant to state	aw, please verify that Dr.	currently holds adm	itting privileges as of the date
of this request with a reappo	nument date of 2/1/2017.		a a a a a a a a a a a a a a a a a a

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you,

From: 1 3 Sent: Tuesday, October 20, 2015 10:42 AM December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at .. in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

ai

Attachment



March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agréement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other médical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient of name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

October 19, 2015

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Stall Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall		·	
From			
Sent:	Friday, June 10, 2016 12:42 PM		
To:	Snyder, Randall		
Subject	RE: Privilege Verification		
**** This is an EXTERN unknown senders or ur	NAL email. Exercise caution. DC	NOT open attachm	nents or click links from
Mr. Snyder,			
This is to confirm that reappointment by February	M.D., does have admit 1, 2017.	ting privileges at	· · · · He is due for
If you have any questions, a	please do not hesitate to confact me.		•
Thank yoù.			•
, Director			
Medical Staff Affairs			•
• •			•
Office: fo			
Fax:			
Email:			
From: Snyder, Randall [ma Sent: Friday, June 10, 20)	allto:RSnyder1@isdh,IN.gov]	كالله خلاق والمجانسانية الإركان مناساتها والمارية والمرابية	الله المراجعة والمراجعة المراجعة
To:			
Subject: RE: Privilege Veri	fication		
Ms. ''			
Pursuant to Indiana Code 1	(6-16-34-2-4,5(c)(2), "The state depar	tment shall verify the va	alidity of the admitting privilege
the department.	received an admitting privileges docu	ment in regards to a lice	ensure application on file with
Therefore, pursuant to stat	te law, please verify that Dr.,	currently holds a	dmitting privileges as of the date
of this request with a reap	pointment date of 2/1/2017.	Jing newson	
I have included last year's	request for reference should it be nee	ded.	
A reply, like the one dated	10/20/15 is sufficient.		
Thank you.			

Sent: Tuesday, October 20, 2015 10:42 AM



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



July 1, 2013

Dr. Woman's Medical Center 1201 N. Arlington Avenue Indianopolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at an

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at .

In addition, my pager number is

Please previde the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page ma to the most appropriate call back number. Please provide the patient's name, reason for referral, current madical condition and means of transport.

Petients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (80) days notice if I need to modify or cancel this agreement for any reason.

<u>, 3</u>7, 4.

January 29, 2013

...., M.D.

Dear!

It is my pleasure to inform you that the Board of Trustees of . _____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at i.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

DOUG PUCKETT, ADMINISTRATOR IU HEALTH WEST HOSPITAL 1111 N RONALD REAGAN PKWY AVON, ÎN 46123

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randali Snyder
Division Director
Indiana State Department of Health

RE:

: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and Improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

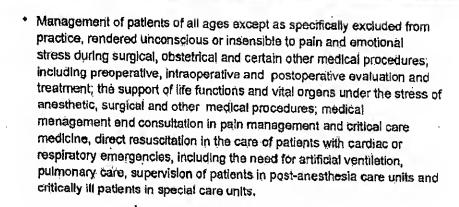
Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.



- The apparation of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical menagement of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
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- The management of procedures for rendering a patient Insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Yeers
- 0 -2 Years
- 2 10 Years

- Administration of sedationAdmitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

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This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MĎ



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MD		Date 3.1.14 March 1, 2014
	14 🔿	As., 1.



Hospital Admitting Privilege Agreement

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	, MD1	- m	Date Date
•	MD		March 1, 2014



Hospital Admitting Privilege Agreement

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MD Date

3.1.14

Date

Date



	Hospital Admitting Privilege Agreement
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	doparditent.
,	MD - Date Date
	Daly 7 2011

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

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Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Prectice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Smedar Dandall			
Snyder, Randall From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification	1	
**** This is an EXTE unknown senders or	RNAL email. Exercise caution. Do) NOT open attachme	nts or click links from
Mr. Snyder,	taki dinakan apaman da pata ya dapa mang arabahah mapa paja kadi nadaran nagda makabahan kada mapa, aganda ka	رسور بهرور و دور	المستعدة المتعددة والمستعددة والمستعددة والمتعددة والمتعددة والمتعددة والمتعددة والمتعددة والمتعددة والمتعددة
This is to confirm that a reappointment by Febru	, M.D., doeş have admit uary 1, 2017.	iting privileges at !	He is due for
if you have any question	ns, please do not hesitate to contact me.		
Thank you.		•	
Olrecto Medical Staff Affairs	if .		
Office: Fax: Email:			•
From: Snyder, Randall Sent: Friday, June 10. To: Subject: RE: Privilege		e and have a second of the test of the end o	, ent for all of circ child excerning to community. It follows to have a security - \$ is appear
Ms.		•	
document.	dé 16-16-34-2-4.5(c)(2), "The state departable la state departable		
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Thank you.			

From: 1 %

Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

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has approved your reappointment at

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Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

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Attachment

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· / ;



March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

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I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement, contact me by calling my office at i have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

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June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RÉ: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

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In the event my services are needed under this agreement, contact me by calling my office at i have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Lagree to provide you thirty (30) days notice if Lneed to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

RE; Membership and Clinical Privileges

Dear

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall			
From: Sent; To: Subject:	Friday, June 10, 2016 12:42 P Snyder, Randall RE: Privilege Venification	M	
**** This is an EXTE unknown senders or	RNAL email Exercise caution. D	O NOT open attachn	nents or click links from
Mr. Snyder,		MANANT - 1994 (1994) A A A STATE AND AND AND AND AND AND AND AND AND AND	
This is to confirm that reappointment by Febru	M.D., does have admulary 1, 2017.	itting privileges at	. He is due for
If you have any question	is, pléase do not hesitate to contact me	2.	
Thank you.			
, Directo Medical Staff Affairs	r		
Office: I			•
Fax:			
Email:			
From: Snyder, Randall Sent: Priday, June 10, ; To: Subject: RE: Privilege !	•	r. 1844 e i un e exposicionario, muin din dende, en a vertename duran un	المراجعة والمستوحة المراجعة المستوحة والمستوحة
Ms. "			
Pursuant to Indiana Cordocument" The state department h	de 16-16-34-2-4.5(c)(2), "The state depi	artment shall verify the v	alidity of the admitting privileges
	ias received an admitting privileges doc	ument in regards to a lice	ensure application on file with
Therefore, pursuant to of this request with a re	state law, please venify that Dr. appointment date of 2/1/2017.	currently holds a	dmitting privileges as of the date
I have included last yea A reply, like the one dat	r's request for reference should it be no ted 10/20/15 is sufficient.	esdéd.	

Thank you.

Sent: Tuesday, October 20, 2015 10:42 AM

From;



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hespitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (80) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



July 1, 2018

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirme our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization I have admitting privilegee at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at ,

. In addition, my pager number is Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications: In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of

Patients requiring emergency care will be directed to seek services at the hospital nearest

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for

January 29, 2013

_____, M.D

Dear:

It is my pleasure to inform you that the Board of Trustees of .

has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Medam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six arees of general competency - petient care, medical/clinical knowledge, practice-based learning end improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain olinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: A

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DO

Dear Sir/Madem:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review addivities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our pattents. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dehtai/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialities;

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active.

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS wanager, medical Staff Services

June 3, 2014

bo

RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting phylleges at

Questions/concerns, please do not healtate in contacting me.

Regards;

OPCS Manager, Medical Staff Services

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** INBOUND NOTIFICAT	ION : FAX RECEIVED	SUCCESSFULLY	*#	
	E CSID	DURATION 221	PAGES 8	STATUS Received
		ŸŶŸŶ		P 1/8

December 8, 2015

MΩ

Planned Parenthood of Indians and Kentucky

RE: Backup Agreement

Dear Dr.

This latter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

If the covering GYN physician of the day at either of these hospitals is

uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and
Kentucky (PPINK) meeting admission, I will assume care of that patient. Of course, any patient
needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by the patient's name, reason for receival, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Paranthood of Indiana

RE: Backup Agreement in

County, Indiana

Door Dr. : and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalisation.

I have admitting privileges at I and
If the covering GYN physician of the curves of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission. I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Portentiad: Foris Dentury Schoolbook

Intra-operative complications:

"Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

JEFFREY ZEH, ADMINISTRATOR INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL 720 SOUTH SIXTH ST MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder Indiana State Department of Health 2 N Meridian Street Indianapolis, IN 46204

Re:

MD

Is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Aillied Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(les)	Staff Category	Status
(Obstetrics and Gynecology	Consulting	Inactive
(<u>.</u>	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	1,20,1300 - 10,1,2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you regulre additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department June 1, 2016

MD Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, N 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges it admission and care for each patient needing urgent care services according to each patient need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling.
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

.MD

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of for two years. Your reappointment

has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEQ

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⊥. ⊁H:

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Michael R. Pence

State Health Commissioner Jerome M. Adams, MD, MPH



July 11, 2016

EBVAKTIN' IN 40131 1125 W JEFFERSON ST JOHNSON MEMORIAL HOSPITAL LARRY HEYDON, ADMINISTRATOR

Dear Administrator:

4,5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abortions are performed, county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (1) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA **/**\$/



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresent

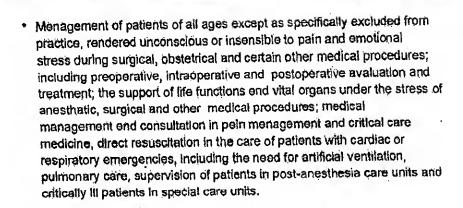
Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,



- Ine application of specific methods of respiretory therapy.
- The clinical management of the patient unconscious from whataver cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by spacial techniques (e.g.; nerve blocks, apidural or intrathecal opioids)
- . The menegement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain madical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- · Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

- will provide Clinic For Women with hospital admitting privileges for Dr. patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD



Hospital Admitting Privilege Agreement

	Hospital Admitting P	rivilege Agreement
 abortion complication 	nic for Women (CFW) p Dr. will at the Clinic For Wome	atient requires hospitalization for an l agree to admit any patient (s') for all n.
, MD is in admissions to	agreement that Dr.	will provide all emergency is patients from the CFW.
regarding the patient:	s status. The Clinic Adn	provide pertinent information to me ninistrator will accompany or meet the e to both the doctor and the patient.
	ontact with the patient th	roughout her hospitalization and will
With written approva	Vrelease from the patient hospitalization records to	t, Dr. grees to provide a complete of CFW tataer this agreement.
In the event that Dr. to.		unavailable the nation will be took of
MD		Date 3. 1.14
	- WO	Date Much 1, 2014 Date



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.			
admissions to ' for any of her panents from the CFW,			
CFW's Administrator and clinic doctor(s) will provide portinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred to via ambulance to the Emergency department.			
MDJ MDJ Date			
March 1, 2014 Date			



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (a abortion complication Dr	CFW) patient requires hospitalization for an will agree to admit any patient (s) for all women.
MD is in agreeme	
emergency admissions to	for any of his nations from the CER

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred to! via ambulance to the Emergency department.



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. vill agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.			
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred to			
MD Date			
MD Date 7, 2014			

PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning end improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

June 3, 2014

RE

QQ

Dear Sir/Madam:

ls accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review addivities for the purpose of concurrent/retrospective data collection, review and reporting. We continuity monitor and evaluate the care which our Medical Staff provides to our patents. This review includes pear review findings from drug usage evaluation, surgical case review, transfision review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain memberahip on the Medical Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment;

04/27/1998 to Present

Staff Category:

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a devogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS manager, medical Staff Services June 3, 2014

DO

RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCs Wanager, Medical Staff Services

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** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY ** TIME RECEIVED REMOTE CSID DURATION PAGES STATUS December 8, 2015 11:04:07 AM EST PPCG 221 8 Received 2015-12-08 11:00 YYYY P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This latter confirms our agreement that I will provide emergency back-up services for your abortlon patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at i md: In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is it. Please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagres to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

and Dr. Door Dr.

This latter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event-of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at ! If the covering GYN physician of the uny manner of these hospitale is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission. I will assume care of that patient, and will excases patient adminsion and care for each patient acciling my services according to each patient's need

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the precedure, before the patient has left the facility, contact me by calling my office a In addition, my cell number is "Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sont with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN · Please provide the physician on call should contact me by calling. patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

ethod: Font: Century Schoolbook

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder **Division Director** Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Cere. We engage in peer review, quality menagement activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ebove practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Steff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Femily Medicine

Specialty:

Family Prectice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall		,	
From:	1		
Con	lay, June 10, 2016 12:42 PM rder, Randall		
	Privilege Verification		
Subject: , RE:			
**** This is an EXTERNAL ema unknown senders or unexpecte	il. Exercise caution. DO NOT op		
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This is to confirm that, reappointment by February 1, 2017.	, M.D., does have admitting privile	ges at !	He is due for
If you have any questions, please do	not hesitate to contact me.		
Thank you.	•		
Director			
Medical Staff Affairs			
Office: Fax: Email:			
From: Snyder, Randall Imalito:RSny	yder1@isdh.IN.gov]	The state of the s	g white I had distributed thereby to Edition to I warre to I w
Sent: Friday, June 10, 2016 12:33	PM		
Subject: RE: Privilege Verification			
Ms.			
	-2-4.5(c)(2), "The state department sh	ail verify the vaildi	ty of the admitting privilege
document" The state department has received	an admitting privileges document in a	repards to a licensu	re application on file with
the department.	an deministry provided deventant in	OBALOS TO A HOUSE	in distributions of the street
Therefore, pursuant to state law, p	olease verify that Dr. cu	rrently holds admi	tting privileges as of the da
of this request with a reappointme	ent date of 2/1/2017.		
I have included last year's request	for reference should it be needed.		
A reply, like the one dated 10/20/2	15 is sufficient.		
Thank you.			
From: 1 Tale 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	
Sent: Tuesday, October 20, 2015 1	10:42 AM		

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of
has approved your reappointment at ... in the
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment

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Ty.



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

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June 9, 2014

MD Planned Parentl God of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason,

Sincerely,

MD

August 27, 2	U1	J
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MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randali From: Sent: Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject: RE: Privilege Venification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email, **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017. If you have any questions, pléase do not hesitate to contact me. Thank you. Director Medical Staff Affairs Office: # Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM To: Subject: KE: Privilege Verification Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..." The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient. Thank you.

From:

Sent: Tuesday, October 20, 2015 10:42 AM



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

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In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirme our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at .

In addition, my peger number is

Please provide the patient's name, recson for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meene of transport.

Patients requiring emergency care will be directed to seek services at the hospital necrest to them.

I agree to provide you thirty (80) days notice if I need to modify or cencel this egreement for any reason.

Sincerely,

January 29, 2013

....., M.D

Dear:

It is my pleasure to inform you that the Board of Trustees of .

has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner



July 11. 2016

ZHELBYVILLE, IN 46176 MAJOR HOSPITAL JOHN HORVIER, ADMINISTRATOR MAJOR HOSPITAL JOHN HORVILLE, IN 46176

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in valich the hospital granting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

county described in subdivision (1);

where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresent

Staff Status:

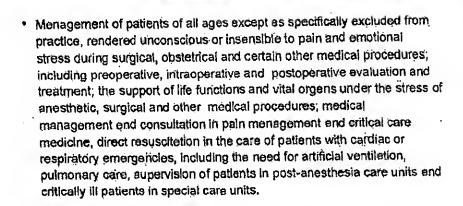
Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,



- Ine approprior of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whetever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The menagement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient Insensible to pain end emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subaractinoid injections
- Penpheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- · Administration of sedation
- Admitting Privileges
- · Limited critical care



ADMISSION PRIVILEGE AGREEMENT

will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women,

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

·MD -



Hospital Admitting Privilege Agreement

		•
anormon combitestiol	inic for Women (CFW) p n Dr. will s at the Clinic For Wome	atient requires hospitalization for an agree to admit any patient (s) for all n
MD is in admissions to	agreement that Dr. for any of hi	will provide all emergency as patients from the CFW.
*APORTORIE LITE DATIGIE	S SIMILIS. THE UTINIC ADM	provide pertinent information to me finistrator will accompany or meet the e to both the doctor and the patient.
	Ontact With the nations the	roughout her hospitalization and will
With written approva	Vrelease from the patient hospitalization records to	, Dr. grees to provide a complete of CFW tables this agreement.
In the event that Dr. to.		unavailable the potient will be a con-
MD		Date 3. /. 74
	T WO	March 1, 2014



Hospital Admitting Privi	ilege Agreement
In the event that a Clinic for Women (CFW) patie abortion complication Dr. will ag contracted physicians at the Unite For Women.	ent requires hospitalization for an tree to admit any patient (s) for all
admissions to for any of her p	: will provide all emergency attents from the CFW.
CFW's Administrator and clinic doctor(s) will proregarding the patient's status. The Clinic Admini patient at the hospital, making herself available to	strator will accompany or meet the
CFW will maintain contact with the patient throughout follow-up care at the clinic.	ghout her hospitalization and will
With written approval/release from the patient, D copy of any patient's hospitalization records to C	r. agrees to provide a complete FW under this agreement.
In the event that Dr. is out of town or una to via ambulance to the Emer	wailable, the patient will be transferred gency department.
·MDJ	Date Date
. MD	Murch 1, 2014



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr
MD is in agreement that Dr will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
- 4 1 d
Date 3././4
Date Date Date



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
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MD - Date 7 7 2014
MD Date 2014

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randali Snyder Division Director Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quelity menagement activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - petient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based prectice. The above practitioner hes met the necessary requirements to maintain clinical privileges and membership on the Medicel/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine Specialty: Family Practice

If you need additional information, please contect me.

Sincerely,

Phone:

Fax:

from:			
ient:	Friday, June 10, 2016 12:42 PM		
fo;	Snyder, Randall		
Subject:	RE: Privilege Verification		
**** This is an EXTERN. unknown senders or un	•		nts or click links from
Mr. Snyder,	and the second participation is the second s		
This is to confirm that i reappointment by February	M.D., does have admitting pri	vileges at !	He is due for
If you have any questions, p	lease do not hesitate to contact me.		•
Thank you.			
Director		4	
Medical Staff Affairs			
			•
26.0	***		
Office:		•	4
Email:			
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From: Snyder, Randali [ma Sent: Friday, June 10, 201 To:	alito:RSnyder1@isdh.IN.gov]	dames & and profit & earpy to the profit and experience & 4.	क्ष त्यांच्या व वर्ण्यं व ६० (कोक्स्कूम्प्यूर्णक) अवस्थाकष्ठि ६० (श्रीमाविक्येश सम्बद्धाः स्थाप्तिः स्थि । स्थ
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Ms.		•	
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I have included last year's A reply, like the one dated	request for reference should it be needed. i 10/20/15 is sufficient.		
Thank you.			
· •	• •		
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has approved your reappointment at ______ in me

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Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

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M.D. Chief Executive Officer

al

Attachment

14 May 1



March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

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MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road

Indianapolis, IN 46268

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Unding	Lin	44	IJ

MD

RE: Membership and Clinical Privileges

Dear '

MD:

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Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of ... patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of ... Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Stall Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Sent;	, mar.	
	Friday, June 10, 2016 12:42 PM	
fo:	Snyder, Randall	
Subject:	RE: Privilega Verification	
**** This is an EXTE unknown senders o	RNAL email. Exercise caution. DO NOT oper unexpected email. ****	n attachments or click links from
Mr. Snyder,		
This is to confirm that reappointment by Febr	. M.D., does have admitting privilege uary 1, 2017.	s at
If you have any question	ns, pléase do not hesitate to contact me.	
Thank you.		
Direct Medical Staff Affairs	or	
060		
Sent: Friday, June 10 To:		به پذشهایت سخت و ۱ مه دود (ایگذشتیت په مشارکه ۱۵ مه ۱۵ مه خصوب ده دور سومت محسست و محکوم ده ده
Fax; Email: From: Snyder, Randa Sent: Friday, June 10 To: Subject: KE: Privilege	I [mailto:RSnyder1@isdb.IN.gov] , 2016 12:33 PM	مع مدين مساور و هند ويدار مواديد المواديد و معارف المواديد و المدين المواديد و المواديد و «مواديد» و «مواديد»
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MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

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Sinceraly.

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

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Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

____, M.D

Dear!

'n

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

PHILLIP LOWE, ADMINISTRATOR MONROE HOSPITAL 4011 S MONRÖE MEDICAL PARK BLVD BLOOMINGTON, IN 47403

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each bospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each bospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD BLOOMINGTON 421 \$ COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder **Division Director** Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited. by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/olinical knowledge, practice-based learning and improvement, Interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DØ

Dear SirMadam;

le accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review adjuties for the purpose of concurrent/retrospective data collection, review and reporting. We conflictely monitor and avaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties;

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category:

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS managar, mágical Staff Services June 3, 2014

DO

RE

: Admitting Privileges

Dear Dr B

Please he advised you currently have admitting privileges at

Questions/concerns, please do not healtate in contacting me.

Regards;

CPCS Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

December 8, 2015 11:04:07 AM EST

REMOTE CSID

DURATION

PAGES

STATUS Received

2015-12-08 11:00

ўуўУ

P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at ! ind: ind: ind: If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission. I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest amergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my call number is a please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Door Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land

If the covering GYN physician of the uny ansurant I these hospitals is uncomfortable with any postabortal services patient from Planned Parentbood of Indiana (PPIN) needing admission. I will assume care of that nations and will arrange patient admission and ears for each patient seeding my services according to each patient's need.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the avoradure, before the patient has left the facility, contact me by calling my office a In addition, my cell number is "Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

Portunistical: Forts Contary Schoolbook



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

JANE KELLER, ADMINISTRATOR ORTHOINDY HOSPITAL 8400 NORTHWEST BLVD INDIANAPOLIS, IN 46278

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



ւրոժեղժկինդերիրնկրդեցիրիվիրի բրևին CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are eccredited by the Accreditation Association for Ambulatory Health Care. We engage In peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - petient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dentel/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

• Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain menagement and critical care médicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opicids)
- The manegement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subaractinoio injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

]

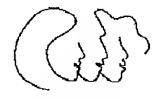
:MD =

3-1-14

Date



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
. MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. grees to provide a complete copy of any patient's hospitalization records to CFW tables, this agreement.
In the event that Dr. 'is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
MD Date 3: /. 74
- March 1, 2014



He	ospital Admitting P	rivilege Agreement
In the event that a Clinic f abortion complication Dr. contracted physicians at the	11111	atient requires hospitalization for an agree to admit any patient (s) for all n.
admissions to `	agreement that Dr. for any of he	will provide all emergency r panents from the CFW.
		provide pertinent information to me inistrator will accompany or meet the to both the doctor and the patient.
	with the nations the	oughout her hospitalization and will
With written approval/releacopy of any patient's hospi	ase from the patient, talization records to	Dr. agrees to provide a complete CFW under this agreement.
In the event that Dr.	is out of town or a	navailable, the patient will be transferred ergency department.
·MDJ	hw)	Date Date
, i ii	e2	Murch 1, 2014



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. () will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr.
to is out of town or unavailable, the patient will be transferred
via ambulance to the Emergency department.

MD Date

3.1.14

Date

Date



Hospital Admitting Privilege Agreement In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
patient at the ho	strator and clinic doctor(s) will provide pertinent information to me tient's status. The Clinic Administrator will accompany or meet the spital, making herself available to both the doctor and the patient	e	
provide follows	ain contact with the patient throughout her hospitalization and will		
With written app copy of any patie	ain contact with the patient throughout her hospitalization and will up care at the clinic. proval/release from the patient, Dr. agrees to provide a coment's hospitalization records to CFW under this agreement.	olete	
With written apr	proval/release from the patient, Dr. agrees to provide a coment's hospitalization records to CFW under this agreement.		
With written app copy of any pation on the event that	ent's hospitalization records to CFW under this agreement. Dr. is out of town or unavailable, the patient will be transfit via ambulance to the Emergency department.		

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

ŔE:

OΩ

Dear Sit/Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We angage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We confinually monitor and evaluate the care which our Modical Staff provides to our patients. This review includes peen review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Calegory:

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Sérvices Office at

Sincerely,

CPCS wanager, medical Staff Services.

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131	uu.	3/ V	vo

June 3, 2014

DØ

RE

Admitting Privilegea

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hositate in contacting me.

Regards,

OPCS

Manager, Medical Staff Services

1

*** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST PPCG 221 8 Received

2015-12-08 11:00

*** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY **

REMOTE CSID
DURATION PAGES STATUS
RECEIVED
PPCG 221 8 Received

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at ! ind: ind: ind: ind: if the covering GYN physician of the day at either of these nospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is a please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

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Lagres to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 2 2011

Planned Parenthood of Indiana

RE, Backup Agreement in

· County, Indiana

Doar Dr. ; and Dr.

This letter confirms our egreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at! I and
If the covering GYN physician of the way as process of these hospitals is
uncomfortable with any postshortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission. I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services ascerding
to each patient's need.

Formulation: Fore: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the secondary, before the patient has left the facility, protect me by calling my office a In addition, my cell number is

"Please provide the patient's mame, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me,

Sincerely,

Phone:

Fax:

Snyder, Randall			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 P Snyder, Randall RE: Privilege Verification	M	
**** This is an EXTERNAL unknown senders or unexp		OO NOT open attachme	nts or click links from
Mr. Snyder,	terioritation de la companya de la companya de la companya de la companya de la companya de la companya de la c	and the constitution of th	n a serient (ang 14 74 di maningsilan), ang ana kama ing isa di katangan panjahang pagandapanang ^a raka
This is to confirm that, reappointment by February 1, 20	, M.D., does have adm 017.	pitting privileges at !	He is due for
If you have any questions, please	e do not hesitate to contact m	e .	
Thank you.			
Director Medical Staff Affairs			
Office: Fax: Email:			
From: Snyder, Randall [mallto:R Sent: Friday. June 10. 2016 12:: To: Subject: RE: Privilege Verification	33 PM	يني - شنشيهورده بيسد - ووساه وهار ازر احسندو - الاه فلتحويط	en en en enemente en erren (serrenne) general de lære.
Ms.		•	
Pursuant to Indiana Code 16-16-document" The state department has receive the department. Therefore, pursuant to state law	ed an admitting privileges doc	timent in regards to a licens	sure application on file with
of this request with a reappoint	nent date of 2/1/2017.	currently holds adm	litting privileges as of the date
I have included last year's reque A reply, like the one dated 10/20	st for reference should it be no 0/15 is sufficient.	eéde d.	
Thank you.			

Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs 9 or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

al

Attachment

ir Ashi



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patients name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

in the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerety,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl bod of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

	****	201	
August	47.	Z01	Э

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

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Snyder, Randall			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		·
**** This is an EXTER unknown senders or o	RNAL email. Exercise caution. DO unexpected email. ****	NOT open attach	nments or click links from
Mr. Snyder,			
This is to confirm that reappointment by Februa	M.D., does have admitt	ing privileges at	. Hẹ is due for
If you have any questions	, pléase do not hesitate to contact me.		
Thank yoù.			
Director Medical Staff Affairs			, ,
Office: /: Fax: Email:			
From: Snyder, Randall [r Sent: Friday, June 10, 20 To:	nailto:RSnyder1@isdh,IN.gov] D16 12:33 PM	يق سينجسيد و خالهمان شيث يستسمينس ، وإند د شاه	and the second section of the spiritual state of the second section of the section of the second section of the
Subject: KE; Privilege Ve	erification		
Ms. ·			
Pursuant to Indiana Code document*	: 16-16-34-2-4.5(c)(2), "The state depart	ment shall verify the	validity of the admitting privileges
The state department hat the department.	s received an admitting privileges docum	nent in regards to a l	icensure application on file with
Therefore, pursuant to si	tate law, please verify that Dr ppointment date of 2/1/2017.	currently holds	admitting privileges as of the date
I have included last year' A reply, like the one date	s request for reference should it be need at 10/20/15 is sufficient.	ded.	
Thank you.			
From: Sent: Tuesday, October:	20 2015 10:42 634		

.



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolie, IN 46219

RE: Backup Agreement

Dear Dr. ..

This letter confirme our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel thie agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the famility, contact me by calling my office at .

In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek cervices at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

.....M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of . ___ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2019. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at the contact Medical Sta

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner

July 11. 2016

HAROON NAZ, ADMINISTRATOR PINNACLE HOSPITAL 9301 CONNECTICUT DR CROWN POINT, IN 46307

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the bospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities,

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of cure, no restrictions or donial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: SPECIALTY:

Obstetrics/Gynceology Obsteines & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

ŀ

Liaison

Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician 113 A 40130

·+ Ł

M, D.

Privileges Effective Date

6/10/2016 Kmy 6/9/2013

States Active

Dirition Speciality Privilege Number	Section Description	Privilege Description	Notes
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Page 2 of 3

d are complicating factors in programcy. The cure privileges in this specialty include the procedures listed and such other procedures that are expensions of the saute techniques and skills. Performance of history end physical econ - Amuloucutests - Amulo inferior-Aminiolomy of Oxymicin industries Application of internal field and otenae To indicate boa training an everyon labor by main of Oxylocia - Cactatosa hystorecturity, caesaccan acction. Corplane -Consider his pay of contention of curvix in Weganicy Circumcision of newborn. Occural version of brocch . Hypermatric artery ignion -impodiate care of the nowborn - (nulledning respectation and includeling) his so work gainstitum label to withtrappelate forespe delivery, including jourdans -Management of high risk programity includes of such conditions as pre-clampals, pent-darism, third primester blooding, infrautorists g towns returned on presimilars explains of property returns of property returns of the control ricinterioris, premieteris labor, and multipic pralation and placenta abnominalisies Management of petions with without medical sorgical or obsportical anamylications for cimental blies spilation with learners threatened aboution, received puriperal patient, come antiquestim mail postparation core, rentpurties emplications, first demise -(sand) is ploved of placement with the constitute Adedicationito induce Retail lung maturaly -Normal spiniorcom impired stationey. Observed in grantin procedures, including altraction grant imaging techniques Operative vaginal shiftvery (techning foreign, vaccum entraction, breech extraction) Ferforming of broock and mulliletal deliveries. Protencial and paracervical blocks -Ropale 4th dogree paritical incomings or of convicel or vagical Incomions -treatment of recibel complications of programmy including programmy included hypertension, diabetes medition, result disease, complementation, cardiac historie, describe and homogloinopathics, daysold disease, accusally insanisting disease, polanomy of loans, the tembershoot in disease, infections disease, sixtegic pregnancy and other case, estupic programmy and other accidents of pragmacry, such as incomplete, complete or massed abortion. Vaginal birth effer conserves accelon (VRAC) - Applications and repair - Special modes region delivery currence Anosthesis and analycely 1 Parentenni accission 154 & IV; 2. Local; 3. Packard block; 4. Paracorvical block

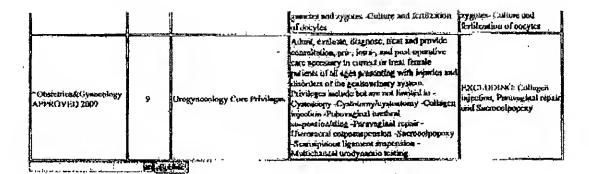
*Ubstariosal Cymopology APTHO VID 2009

Reproductive Con Privileges uductive Endocalactory

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT: SPECIALTY:

Obstetrica/Gynecology Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Llaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician 10* -4960)

Name

d. D.

Privileges Effective Plate Alli/2014 then ANZO17

Status Active

Division (ipeciality	Privilege Number	Reeling Heneripting	Frivitege Demeriphun	Notes
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Page 2 of 3

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Page 3 of 3

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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

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DEPARTMENT:

Obstetrics/Gynecology Obstetries & Oynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

(...

Medical Staff

Page 1 of 3

Physician Privileges

Physician Privileges

 Physician ID
 Name
 Privileges Kirective Their
 Status

 40360
 1M 3).
 7/6/2033 Unit 7/6/2037
 Active

Division Speciality	Privilege Number	Section Dreckipsina	Extylings Description	Notes
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Page 2 of 3

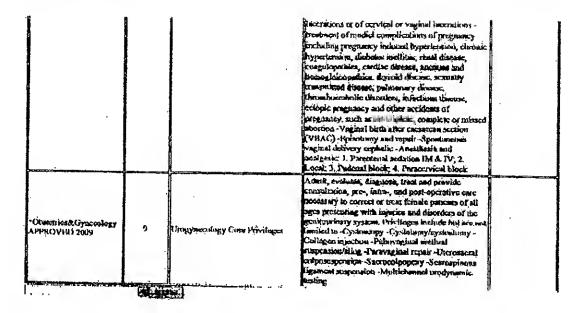
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*Obstetriouk@yswordnigy ATTROYED 2009

Obsecuios Core Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

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DEPARTMENT:

Obstetrics/Gymecology

SPECIALTY:

Obstetries & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

' Medical Staff

Page 1 of 2

Physician Privileges

Physician-13 13243

Natur

M.D.

Privilegia Effective Date 2/10/2014 him 2/9/2016 Status Author

Division Speciality	Privilege Number	Section Description	Privilege Description	Notes
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Page 2 of 2

Physician Privileges

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Privileges Effective Date 6/10/2013 then 6/9/2016

Status Antho

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has are complicating factors in pregnancy. The come privileges in this specialty includes the proceedures listed and such other protections that are extended of the same negatives and skills. Parthrassess of history and physical cases -Ampleomotes -Amale influing -Ampleomiy or Caylibbis balancies -Application of interior fotal and merina monitors - Augmenticities and Induction of labor by one of Oxyleola - Chicaroni papor by one of Onylocie - Calescotti Systematically, enhances section - Cardings -Cardinal biopey or conditation of cardott -pregnancy - Circunciation of servipoth -External version in Breight - Hypagastrio actory Figurical - I was a factor of the special of the challeng respectation and frontation - I was on mini-depreciation of their version in - I was on mini-Correpression of Sent markering "Low or mid forcess addivery, ladmining missions -Lamegorium of high rick pregnacity inclusive of such conditions at pra-disreptia, yest-distinct, tierd triggment blooding. Intrasturio journet, mere transper become, maracures growth metardation, prevasture replace of when brance, prevasture labor, and prelitiple gestation and placeme absorptabilities— before general of pictories with highest moderal sergioni or obstet init complicatoris for nemoni labor traducing salid toxenta. Correspond abortion, mormal proposal periors, priorit bien aratramentes facuro ostpartum complications, field descipe -Marsa) wysórzi of piacosta, kierina espec Medicationin induce firki Jung watujity » Morrosi spotemockit vojskiá delivoty » Contained (September precidents, Seducities, Litrationography and other relatives integring localities a -Operative Veginal delivery (including fereign, vaccion activities, brach defracion) -Purfurs mos of breich and multifield deliveries -Pudorulal and ecaptivical blocks -Repair 4% degree partned lacerations or of elevical or veginal bandwines -transport of resided complication Invariation - exemple of middle complications of programmy industrial of programmy industrial programmy industrial opportunities, chronic hyportunities, chronic filters withings, chronic hyportunities, senting desease, programmy disease, beneaty translated of disease, projects and disease, projects and disease, projects and disease, projects and disease, formational and disease, projects and disease, formation in a facongates, but of programmy mid other incubous or strained abortion. Vight better diseases senting Vight by the factor of the provincies waited delivery capitally - Anistancial and sindpacts. The measured suddisers in the factor of the fact adonal block, 4. Parson tool block

*District Operations
APPROVED 2003

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	10 V	irs				
March	13, 2015	•				
•	MD					
	d Parenthood of Indiana	and Kentucky				
	onnecticut Street ville, IN 45410					
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Dear Di		•				
This let	ter confirms our agreeme	ent that we will provide on	nergency back-up se	rvices for y	ont	
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pnone r	numper listed with our n	ames below. We have prov the putlent's name, reason	ided vou with our o	di phone a	nd	
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#104 P.002/002

07/14/2015 15:59

July 14, 2015

From: PLANNED PARENTHOOD OF INDIANA

MD Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrillville, IN 46410

RE: Backup Agraement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be avaluated at the closest emergency care center.

in the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our ball phone and pages numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely		
***	, MD	Phone:
Phone:	, MD	MD Phone:

** INBOUND H	TIFICATION : FAX REC	ETVED SUCCESSFULLY	7 8%	
TIME RECEIVED April 13, 2016 4:27:44 PM EDT	neware restr	DURATION 55	PAGES 1	STATUS Received
April 13, 2016 4:27:44 PM EDT 04/13/2018 15:30 FAX		TETRI R		40001/0001
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FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with this patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,		
, MI	pue	Phone:
MD Phone:		Phone:



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

DENNIS WEATHERFORD, ADMINISTRATOR PUTNAM COUNTY HOSPITAL 1542 S BLOOMINGTON \$T GREENCASTLE, IN 46135

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Depertment of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are eccredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning end improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintein clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE

DØ

Dear Skilladam;

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review adjuvities for the purpose of concurrent/retrospective data collection, review and reporting. We continuity monitor and avaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization;

Specialities:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category:

Activa

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS Managar, madical Staff Services June 3, 2014

DO

RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not healtate in contacting me.

Regards;

CPOS Manager, Medical Staff Services

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ON DANOBAL **	TIFICATION : FAX	RECEIVED SUCCES	SFULLY **	
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2015-12-08 11:00	. ••		ΫΫΫΫ	P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This latter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is . Please provide the patient's name, reason for rejertal, current madical condition and means of transport. A copy of all evallable patient records should be sent with the patient.

in the event my services are needed effect the patient has left the facility, the PPNAK physician on call should contact me by celling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagres to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency altuation or other medical need that requires hospitalization.

I have admitting privileges at land If the covering GYN physician or the unverse of these hospitale is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission. I will assume care of that nationt-and will gerange patient admiration and care for each patient according my services according to each patient's need.

Persentied: Forta Destury Schoolsoo

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the prevedure, before the patient has left the facility, contact me by calling my office a In addition, my cell number is .-Please provide the patient's name, reason for referral, current medical

condition and means of transport. A copy of all available patient records should be

sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has last the facility, the PPIN physician on call should contact me by calling · Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

SETH WARREN, ADMINISTRATOR RIVERVIEW HEALTH 395 WESTFIELD RD NOBLESVILLE, IN 46060

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

- MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - petient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dentel/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- Ine applicación or specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- * 2 10 Years

- · Administration of sedation
- Admitting Privileges
- · Limited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day nonce will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.



Hospital Admitting Privilege Agreement				
In the event that a Clin abortion complication contracted physicians	DL	patient requires hospitalization for an ill agree to admit any patient (\$1 for all nen.		
. MD is in a admissions to	percement that Dr. for any of	will provide all emergency his patients from the CFW.		
CFW's Administrator regarding the patient's patient at the hospital,	and clinic doctor(s) wi status. The Clinic Ad making herself availab	il provide pertinent information to me ministrator will accompany or meet the sle to both the doctor and the patient.		
CFW will maintain cor provide follow-up care	Hact with the notions of	hroughout her hospitalization and will		
With written approval/ copy of any patient's h	release from the patier ospitalization records	n, Dr. grees to provide a complete to CFW lancer this agreement.		
In the event that Dr.	is out of town or	unavailable, the patient will be transferred mergency department.		
MD	•	3. /. 14 Date		
	THO	Murch 1, 2014		



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (C abortion complication Dr. contracted physicians at the Clinic For	FW) patient requires hospitalization for an will agree to admit any patient (s) for all Women.
agor combined to the	Will sorge to admit any nations (a) S

admissions to ' is in agreement that Dr. : will provide all emergency for any of her panents from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

·MDJ	-m	Date Date
MD	or <u>-i</u>	March 1, 2014



	TOTAL TO MICH				
Hospital Admitting Privilege Agreement					
	In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr will agree to admit any patient (s) for all contracted physicians at the Chinic For Women.				
	MD is in agreement that Dr will provide all emergency admissions to for any of his patients from the CFW.				
	CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.				
	CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.				
	With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.				
	In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.				
•					
	Date Date Date				



OWART TOT THOMES					
Hospital Admitting Privilege Agreement					
In the event that a Clinic for Women (CFW) patient requires hospitalize abortion complication Dr. will agree to admit any patient contracted physicians at the Clinic For Women.	ation for an				
MD is in agreement that Dr. will provide a admissions to for any of his patients from the CFW.	all emergency				
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient. CFW will maintain contact with the patient.					
With written approval/release from the patient, Dr. agrees to proceed of any patient's hospitalization records to CFW under this agreeme. In the event that Dr. is out of form or proceed all.	vide a complete				
to . is out of town or unavailable, the patient wi	ll be transferred				
MD Date)I <i>J</i>				
MD Date Date	014				

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall			
From: Sent: To; Subject:	Friday, June 10, 2016 12:42 Snyder, Randall RE: Privilege Verification	PM	
	AL email. Exercise caution,	ĐỘ NỘT open attachme	ents or click links from
Mr. Snyder,	•	ayara aman maraka da araka da	ng tinanggapapaning ay ing maganggapanggangganggangganggangganggangg
This is to confirm that a reappointment by February	. M.D., does have adı 1, 2017.	nitting privileges at :	He is due for
If you have any questions, pl	ease do not hesitate to contact m	e.	
Thank you.			
Director Medical Staff Affairs			
 Office:			•
Fax: , , Email: .	•		
From: Snyder, Randall [mall Sent: Friday, June 10, 2016 To:	to:RSnyder1@isdh.IN.gov] 12:33 PM	and the state of t	ун бас с не жендениямення, концын с сынамен кор жерен (др. 1975)
Subject: RE: Privilege Verific	cation		
Ms.		, 	•
adaminetic.	-16-34-2-4.5(c)(2), "The state dep		•
the acharatett.	ceived an admitting privileges do	cument in regards to a licens	sure application on file with
Therefore, pursuant to state of this request with a reappo	law, please verify that Dr. intment date of 2/1/2017.	currently holds add	nitting privileges as of the date
l have included last year's red A reply, like the one dated 10	quest for réference should it be n 0/20/15 is sufficient.	eeded.	

Thank you,

From: 1 1 3 Sent: Tuesday, October 20, 2015 10:4Z AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at .. in inc OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to IProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or(

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A. l.b. of the Medical Staff Bylaws,

Sincerely,

M.D. Chief Executive Officer

aĬ

Attachment

14. 1



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated february 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and it, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center,

in the event my services are needed under this agreement, contact me by calling my office at ". I have provided you with my cell phone and pager numbers. Please provide the patient strame, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that i will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and i, or one of my partners; will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parerithood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl bod of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

ΜD

August	27.	20	15

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the ulmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

From:	ي د ر سدد	
Sent:	Friday, June 10, 2016 12:42 PM	
To:	Śnyder, Randal)	
Subject:	RE: Privilege Verification	
**** This is an EVTI	CONAL manel Figures and her DO NOT	and the shore when the state of the state of
	ERNAL email, Exercise caution, DO NOT or unexpected email, ****	open attachments of click links from
Mr. Snyder,		
This is to confirm that reappointment by Febr	M.D., does have admitting privi ruary 1, 2017.	Reges at
If you have any question	ons, pléasé do not hesitate to contact me.	
Thank you.		
Direct	or	
Medical Staff Affairs		
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10 CO 10		\ .
Office: /F		
Email:		•
to more playing a subject programmed absorption	producernylan him s rivery a not common a mada harmour française accounty because deplacements	
From: Snyder, Randal Sent: Friday, June 10, To:	[malfto:RSnyder1@isdh.IN.gov]	ر مسومه مده منظم و همو البدار و همو البدار و المواقعة و المواقعة و المواقعة و المواقعة و المواقعة و المواقعة و
Subject: KE: Privilege	Verification	
Ms.	•	
Pursuant to Indiana Co	ode 16-16-34-2-4.5(c)(2), "The state department st	nall verify the validity of the admitting privileges
The state department the department.	has received an admitting privileges document in	regards to a licensure application on file with
Therefore, pursuant to	o state law, please verify that Dr coreappointment date of 2/1/2017.	rrently holds admitting privileges as of the date
I have included last ye	ar's request for reference should It be needed. ated 10/20/15 is sufficient.	
Thank you.		
From:	•	
Sent: Tuesday, Octob	87 20 2015 10.42 Ake	

Snyder, Randall



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirme our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (90) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women'e Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privilegee at an

If the covering GYN physician of the cay at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at .

In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meana of transport.

Patients requiring emergency care will be directed to seek cervices at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this egreement for any reason.

Sincerely,

January 29, 2013

, M.D.

Dear.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III. A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachmeni



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

WARREN FORGEY, ADMINISTRATOR SCHNECK MEDICAL CENTER 411 W TIPTON ST SEYMOUR, IN 47274

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



PLANNED PARENTHOOD BLOOMINGTON 421 S COLLEGE AVE BLOOMINGTON, IN 47403 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DO

Dear Sit/Madami

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical regularments.

Organization:

Specialties;

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS Medical Staff Services

June 3, 2014

bo

RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS Manager, Medical Staff Services

1

•

** INBOUND N	TIFICATION : FAX RE	CEIVED SUCCESSFULLY	/ ##	
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSIO PPCG	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00		УУУУ		P 1/8

December 8, 2015

MĎ

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I and In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal survices patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure; before the patient has left the facility, contact me by calling my office at maddition, my call number is a Please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 2 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County, Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at ! land

If the covering GYN physician of the usy names of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPINI needing admission. I will assume care of that nations, and will
arrange patient admission and care for each patient needing my services occording
to each patient's need.

Formulation: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office a ________ in addition, my cell number is _______ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR FRANCISCAN ST FRANCIS HEALTH - CARMEL 12188 B NORTH MERIDIAN STREET CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

", MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

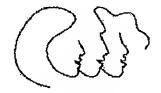
If you need additional information, please contact me.

Sincerely,

Menagement of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management end critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically III patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause,
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of ecute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal oploids)
- · The menagement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of an esthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Penpheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

Date

5-1-10

Date

:MD ²



	Hospital Admittin	g Privilege Agreement
· · · - · p · · · · · ·	Clinic for Women (CFW ion Dr. ans at the Clinic For Wo	y) patient requires hospitalization for an will agree to admit any patient (s) for all omen.
MD is admissions to	in agreement that Dr. for any o	will provide all emergency f his patients from the CFW.
CFW's Administrative regarding the patient at the hospit	or and clinic doctor(s) s	vill provide pertinent information to me dministrator will accompany or meet the able to both the doctor and the patient.
CFW will maintain provide follow-up c	Contact with the parises	throughout her hospitalization and will
With written approve copy of any patient	al/release from the paties s hospitalization record	ent. Dr. grees to provide a complete s to CFW latter this agreement.
In the event that Dr. to,	is out of town	or unavailable, the patient will be transferred Emergency department.
MD		Date 3./.)4
). O	Ma.,



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Chinic For Women.			
admissions to ' for any of her patients from the CFW.			
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. to is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
·MDJ PM Date			
MD Date Date			



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. (will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
_
Date 3.1.14
MD : March 1, 2014



The state of the s
Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient. CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement. In the event that Dr. is out of town or unavailable, the patient will be transferred to
MD - Date 2014
MD Date 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Speciaity:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall From:

Sent: Friday, June 10, 2016 12:42 PM

To: Snyder, Randall

Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that :

. M.D., does have admitting privileges at !

He Is due for

reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you,

Director

Medical Staff Affairs

Office: Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]

Sent: Friday, June 10, 2016 12:33 PM

To:

Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. of this request with a reappointment date of 2/1/2017.

currently holds admitting privileges as of the date

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: 1

Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at ... ın me OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b, of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE; Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

i, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at ind , I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

flagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at the later provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.



June 9, 2014

MD Planned Parentl God of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and
. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August	27	20	
August	41	. ZV	IJ

MD

RE: Membership and Clinical Privileges

Dear '

MD;

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall From: Sent: Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject. RE: Privilege Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email, **** Mr. Snyder, This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017. if you have any questions, please do not hesitate to contact me. Thank you. Director **Medical Staff Affairs** Office: # Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM Subject; RE; Privilege Verification Ms. 1. Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..." The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient. Thank you.

Sent: Tuesday, October 20, 2015 10:42 AM



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (80) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postaboxtal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A my of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

January 29, 2013

___ ... M.D

Dear:

It is my pleasure to inform you that the Board of Trustees of .

has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

MICHAEL CHITTENDEN, ADMINISTRATOR ST VINCENT CARMEL HOSPITAL INC 13500 N MERIDIAN ST CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

· MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program, Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

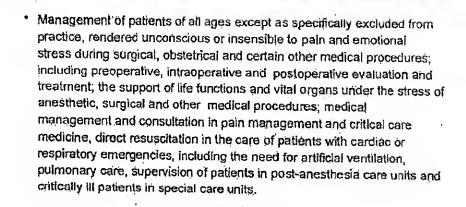
Active

Staff Status:

Department/Section:

Specialty:

If you need additional information, please contact me.



- The appropriation of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- · Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. : will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women,

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD 2



		Hospital Admitting	Privilege Agreement
	Propert Off	ic for Women (CFW Dr. ; an the Clinic For Wo) patient requires hospitalization for an vill agree to admit any patient (s) for all men,
admission	MD is in a	execution that Dr. for any of	will provide all emergency his patients from the CFW.
CFW's A regarding patient at	dministrator (the patient's the hospital, (and clinic doctor(s) w	ill provide pertinent information to me fininistrator will accompany or meet the ble to both the doctor and the patient.
CFW will	maintain cor How-up care	tact with the million	throughout her hospitalization and will
With write copy of an	en approval/i y patient's he	elease from the patie	m, Dr. grees to provide a complete to CFW triate, this agreement.
In the ever to .	nt that Dr.	'is out of town o	r unavailable, the patient will be transferred emergency department.
	MD	•	Date 3.1.14
		<u>no</u>	Murch 1, 2014



Hospital Admitting Privilege Agreement			
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CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
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MD Date Date				
MD Date 7, 2014				

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randali			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 P Snyder, Randall RE: Privilege Verification	М	
**** This is an EXTE unknown senders o	ERNAL email. Exercise caution. Dr unexpected email.	O NOT open attachme	nts or click links from
Mr. Snyder,	And the Control of the Analysis (Lineau and Analysis (Analysis Analysis (Analysis (Analysis (Analysis (Analysis (Analysis (Ana	وار ورحضور رغازي موسانية فيطوم موسانية مساوات المساحمة فيصوبها والمساوات المساوات المساوات	ng manadalah perjamatan da managanya menenganya menenganya menenganya penganya sa fe
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If you have any question	ns, please do not hesitate to contact me	1.	
Thank you.			
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From: Snyder, Randall Sent: Friday, June 10.: To: Subject: RE: Privilege		that is man secured to any water was endowered a way of	nga magaman ganang da dan dan dan dan dan dan dan dan dan
Ms.		•	
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Therefore, pursuant to	state law, please verify that Dr. appointment date of 2/1/2017.	currently holds adm	itting privileges as of the date
I have included last year A reply, like the one dat	r's request for reference should it be ne red 10/20/15 is sufficient.	ed ed .	
Thạnk you.			
From: 1 % Sent: Tuesday, October			•

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at ... in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



March 12, 2015

M'n

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. (

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center,

In the event my services are needed under this agreement, contact me by calling my office at have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

October 19, 2015

... MD Planned Parenthood of Indiana and Kerituçky 8590 Georgetown Road Indianapolls, IN 46268

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Sincerely,

MD



June 9, 2014

MD

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Sincerely,

MD

August	27	201	Š

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as
a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randali			
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		
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Mr. Snyder,	٠٠٠ - ١٩٠١ - ١٩٠٩ - ١٩٠٥ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ - ١٩٠٠ -		and the second s
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I have included last ye A reply, like the one d	ar's request for reference should it be need ted 10/20/15 is sufficient.	ied.	
Thank you.			
From: Sent: Tuesday, Octobe	er 20, 2015 10:42 AM	-	



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (80) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenua Indianapolia, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirme our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, amargency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meane of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

January 29, 2013

Dear.

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

GARY FAMMARTINO, ADMINISTRATOR ST VINCENT FISHERS HOSPITAL INC 13861 OLIO ROAD FISHERS, IN 46037

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

· MD

Dear Sir/Madam:

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Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The appropriation of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
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- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- Peripheral nerve blocks
- > 10 Years
- 0-2 Years
- 2 10 Years

- · Administration of sedation
- Admitting PrivilegesLimited critical care



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MD Date 3.1.14

Date 1,2014



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MD - Date Date				
MD Date 7, 2014				
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PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

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Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine
Specialty: Family Practice

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Director Medical Staff Affairs			
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Ms.			
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M.D. Chief Executive Officer

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Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

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This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

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Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenti god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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Sincerely,

MD

4	22	201	
August	ZI.	ZUI	IJ

MD

RE: Membership and Clinical Privileges

Dear

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

if you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall		
From: Sent: To: Subject:	Friday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Venification	
**** This is an EXTER unknown senders or u	NAL email. Exercise caution. DO NOT open attachm nexpected email. ****	nents or click links from
Mr. Snyder,		
This is to confirm that reappointment by Februar	M.D., does have admitting privileges at ry 1, 2017.	, He is due for
If you have any questions,	pléase do not hesitate to contact me.	
Thank you.		
Director Medical Staff Affairs		
Office: I ⁴ Fax: Email.		
From: Snyder, Randall [n Sents Friday, June 10, 20	nalito:RSnyder1@isdh,IN.gov]	anne, met deutschen des §1 a vill ophischen septemberschaft, neut zu den hierbeiten entwick mehren von sij, a j
To: Subject: KE: Privilege Ve		
Ms.		
document"	: 16-15-34-2-4.5(c)(2), "The state department shall verify the v	
The state department ha the department.	s received an admitting privileges document in regards to a lic	ensure application on file with
Therefore, pursuant to s	tate law, please verify that Dr. currently holds appointment date of 2/1/2017.	admitting privileges as of the date
I have included last year A reply, like the one date	s request for reference should it be needed. ed 10/20/15 is sufficient.	
Thank you.		
From: Sent: Tuesday, October:	20, 2015 10:42 AM	



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and and admission and care for each patient needing my services according to each patient's need.

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In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, smargency situation or other medical need that requires hospitalization. I have admitting privileges at any

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

January 29, 2013

...., M.D.

Dear!

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

ìn

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully revisw your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Stele Health Commissioner



July 11, 2016

INDIANAPOLIS, IN 46290 10580 N MERIDIAN ST BLAKE DYE, ADMINISTRATOR BLAKE DYE, ADMINISTRATOR

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

(2) cach hospital located in a county that is contiguous to the county described in subdivision (1);
(2) cach bostions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresent

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically iff patients in special care units.

The appropriation of specific methods of respiratory therapy.

 The clinical management of the patient unconscious from whatever cause.

 The clinical management of various fluid, electrolyte and metabolic disturbances.

 The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)

The menagement of problems in cardiac and respiratory resuscitation.

 The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.

 The support of life functions under the stress of anesthetic and surgical manipulations.

Epidural and subarachnoid injections

Peripheral nerve blocks

- > 10 Years

0 -2 Years

- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedationAdmitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

∴MĎ

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3-1-1H



Hospital Admitting Privilege Agreement
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. copy of any patient's hospitalization records to CFW tages, this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
MD Date 3. /. 14
TWO March 1, 2014



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW abortion complication Dr. contracted physicians at the Clinic For Wo	
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admissions to will provide all emergency for any of her panents from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

·MDJ	- m	Date Date
MD		March 1, 2014



Hospital Admitting Privilege Agreement

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Mu 3.1.14

Date

Much 1, 2014



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nt the event that Dr;	is out of town or w	unavailable, the patient will be transferre	∍ď
MD		Date 7 17 2014	·
MD	•	Daly 7, 2014	
		·	

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Slr/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax

Snyder, Randall From: Senti Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject: RE: Privilege Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** Mr. Snyder, This is to confirm that; , M.D., does have admitting privileges at ! He is due for reappointment by February 1, 2017. If you have any questions, please do not hesitate to contact me. Thank you. Olrector Medical Staff Affairs Office: Fax: Emall: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10, 2016 12:33 PM Subject: RE: Privilege Verification Ms. Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges The state department has received an admitting privileges document in regards to a licensure application on file with the department. Therefore, pursuant to state law, please verify that Or. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017. I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Sent: Tuesday, October 20, 2015 10:42 AM

Thank you.

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at ... OB/GYN Service. You have been reappointed to the Active category. in the

Your approved elinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws,

Sincerely,

M.D. Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. /

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .
. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

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Sincerely,

October 19, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

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Angust	22	2011	c
F 1112 13.	£. 1	~111	- 1

MD

RE: Membership and Clinical Privileges

Dear '

MD:

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If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall

To: Snyde	y, June 10, 2016 12:42 PM er, Randall rivilege Venification		
**** This is an EXTERNAL email. unknown senders or unexpected	Exercise caution. DO NO email. ****	OT open attachm	ents or click links from
Mr. Snýder,		. Alleg, i. i. j. A. i. i A. i i i. ydysidd di Aren, gyranydar geldfar	
This is to confirm that reappointment by February 1, 2017.	M.D., does have admitting \$	privileges at	He is due for
If you have any questions, please do not	t hesitate to contact me.		
Thank you.			·
Director Medical Staff Affairs	•		
Office: /* Fax: Email:			
From: Snyder, Randall [mailto:RSnyder: Sent: Friday, June 10, 2016 12:33 PM To:	l@isdh,IN.gov]	hiddening the telephysical depression who well	and approximate to a fifther adoptions represed a result, now the B [*] distance on the designing state of the
Subject: RE: Privilege Verification Ms.			
Pursuant to Indiana Code 16-16-34-2-4			
The state department has received an a the department.		in regards to a licer	nsure application on file with
Therefore, pursuant to state law, please of this request with a reappointment da	verify that Dr te of 2/1/2017.	currently holds ad	mitting privileges as of the date
t have included last year's request for re A reply, like the one dated 10/20/15 is s	ference should it be needed. sufficient.		
Thank you.			
From: Sent: Tuesday, October 20, 2015 10:42	AM		



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

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Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

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In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meene of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely.

January 29, 2013

WD.

Dear

u

It is my pleasure to inform you that the Board of Trustees of . ___

the OB/OYN Service. You have been reappointed to the Active category. has approved your reappointment at

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is Pebruary 1, 2015.

privileges, please contact Medical Staff Affairs at t. original submission. The secess instructions are attached. If you need a copy of norm clinical Please log on to iProfile to carefully review your approved privileges for any modifications to the

Medical Staff members (physicians and demists): if you are not carrently board certified, please review Article III.A. I.b. of the Medical Staff Bylaws.

Sincerely,

Chief Medical Officer WD.

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Attachment

PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randali Snyder Indiana-State Department of Health 2 N Meridian Street Indianapolis, IN 46204

Re:

MD

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allled Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(les)	Staff Category	T ea i
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology		Status inactive
		Obstetrics and Gynecology	Active	Active
		Dbstetrics and Gynecology	Courteşy	Inactive
,	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

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Sincerely,

.∙MD

June 1, 2016

MD Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive Lafayette, IN 47905

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I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

, MD

M.D.

Dear Dr.

TFee

TEI

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of for two years. Your reappointment

has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

Michael R. Pence

Siele Health Commissioner Jerome M. Adams, MD, MPH



July 11, 2016

EAST CHICAGO, IN 46312 4321 FIR ST ZT CATHERINE HOSPITAL INC JO ANN BIRDZELL, ADMINISTRATOR

Dear Administrator:

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abortions are performed. county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (1) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Śnyder, PT, MBA



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06/10/2016 FM 15:04

June 10, 2016

Indianapolis, IN 46204 2 North Meridian Street Indiana State Department of Health

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Obsteines & Oynecology CATEGORY: SPECIALTY Obsternica/Cyneculogy DELVETMINT

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

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Physician Privileges

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Physician Privileges

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June 10, 2016

Indianapolis, IN 46204 2 North Mondian Street Indiana State Department of Health

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CATHUORY Obstenies & Oynecology Obstetrical Cynecology SPECIALIY DEPARTMENT

MILIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

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Physician Privileges

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10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolta, IA 46204

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The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no ficalth problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:
Obstetrics/Gynecology
CATEGORY:
Obstetrics & Gynecology
Active
Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Lisison Medical Staff

Page 1 of 3

Physician Privileges

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Physician Privileges

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June 10, 2016

indianapolia, IN 46204 Indiana State Department of Health

2 North Meridian Street

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Obstetics & Cynecology Obstetrica/Cymecology

CATEGORY; SPLICIALITY: DEPARTMENT:

INTITIAL APPOINTMENT: 11/06/1995 - Present γομογ

Sincerely,

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PAGE 86/86 Page 3 of 3 Physician Priviloges

Physician Priviloges

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RE: Backup Agreement Merrilyille, IN 46410 8645 Connectiont Street Planned Parenthood of Indiana and Kentucky

that requires hospitalization pandyk your detaining admitting privileges.

Manch 13, 2015

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your

spong pe engineers at the closest emergency care center. services according to each patient's need, Of course, any patient needing introediate care We will arrange pettent admission and care for each pauent needing lingent tare Щ. We have admitting privileges in Obstatrics and Gynecology at

abortion patients in the event of a campiloguon, emergency situation of other medical need

betteur condition and means of transport. A copy of all available patient records should be sent with the pager numbers. Please provide the patient's name, reason for referral, current medical phone number listed with our names below. We have provided you with our cell phone and In the event our services are needed under this spreement, contact one of us by calling the

We skired to provide you thirty (30) days' notice if we need to modify or cancel this spreement

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Merrillylle, IN 46410 8645 Connection Street Planned Parenthood of Indiana and Kentucky

KE: Beckup Agreement

Deat Dr.

tanguites hospitalisation pending your obtaining admitting privileges. abortion patients in the event of a complication, emergancy altuation or other medical need This letter confirms our egreement that we will provide emargency back-up services for your

services according to each patient's need. Of course, any patient meeding immediate care We will arrange patient admission and care for each petient needing urgent care We have a three pilitated on easilying anithmba avan a W

In the sugnit our services are needed under this egreenent, contact one of us by calling the should be avaluated at the closest emergency care center.

the pettent. condition and means of transport. A copy of all evallede patient records should be sent with pager numbers. Please provide the patient's name, reason for referral, current medical phone number listed with our names below. We have provided you with our cell phone and

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Phone:

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TIME RECEIVED 4:27:44 PM EDT

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8645 Connecticut Street Planned Parenthood of Indlans and Kentucky

Marniville, IN 46410

RE: Backup Agreement

Deat Dr.

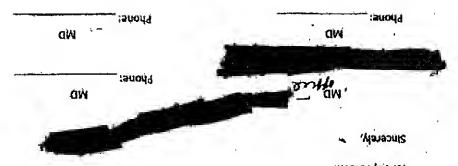
, segeliving gnissimbs gninisado that requires hospitalization pending Dr. abortion patients in the event of a complication, emergency situation or other medical need This letter confirms our agreement that we will provide emergency back-up services for your

We will arrange patient admission and care for each patient needing urgent care We have admitting privileges in Obstetrics and Gynecology at uį į

should be evaluated at the closest emergency care center. services according to each patient's need, Of course, any patient needing inmediate care

condition and means of transport. A copy of all available pettent records should be sent with pager numbers. Please provide the patient's name, reason for referral, current medical phone number listed with our names below. We have provided you with our cell phone and in this event our services are needed under this sgreement, contact one of us by calling the

for any reason. We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement.





Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11.2016

JAMES CALLAGHAN III, ADMINISTRATOR FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS 8111 S EMERSON AVE INDIANAPOLIS, IN 46237

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall augually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



գրահարկիսկարկրհեր արժորհախիրին CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder **Division Director** Indiana State Department of Health

RE:

· MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and Improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresent

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

- Menagement of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opiolds)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- * 2 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting PrivilegesLimited critical care



ADMISSION PRIVILEGE AGREEMENT

Dr. will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

- አብጎ

3.1.14 Date

3-1-14

Date



Hospital Admitting Privilege Agreement				
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (5) for all contracted physicians at the Clinic For Women.				
MD is in agreement that Dr. admissions to for any of his patients from the CFW.				
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient. CFW will maintain context with the				
With written approval/release from the patient, Dr. copy of any patient's hospitalization records to CFW under this agreement. In the event that Dr. is out of town or uppersitable and				
2: / y/				
Date Date Date				



Hospital Admitting Privilege Agreement

the event that a Clinic for Women (CFW) patient requires hospitalization for an bortion complication Dr. will agree to admit any patient (s) for all outracted physicians at the Clinic For Women.
•

admissions to ' for any of her panents from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr.
to is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

· MDJ /M	Date Date
MD	March 1, 2014



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. i will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. . agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

Mu 3.1.14

Date

March 1. 2014

Date

100



	Hospital Admitting Privilege Agreement
In the event the abortion compacted ph	at a Clinic for Women (CFW) patient requires hospitalization for an lication Dr. will agree to admit any patient (s) for all sciences at the Clinic For Women.
	MD is in agreement that Dr. will provide all emergency for any of his patients from the CFW.
2 110	strator and clinic doctor(s) will provide pertinent information to me attent's status. The Clinic Administrator will accompany or meet the espital, making herself available to both the doctor and the patient.
provide follow-	up care at the official throughout her hospitalization and
With written apposed of any pati	tain contact with the patient throughout her hospitalization and will operate at the clinic. Droval/release from the patient, Dr. agrees to provide a complete ent's hospitalization records to CFW under this agreement.
With written and	oroval/release from the patient, Dr. agrees to provide a complete ent's hospitalization records to CFW under this agrees are
With written apposed of any pation the event that	proval/release from the patient, Dr. agrees to provide a complete ent's hospitalization records to CFW under this agreement. Dr. is out of town or unavailable, the patient will be transferred to the Emergency department.

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Slr/Madam:

by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

If you need additional information, please contact me,

Sincerely,

Phone:

Fax:

June 3, 2014

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DØ

Dear Sit/Madem:

Is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually mention and evaluate the care which our Medical Steff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has mel the necessary requirements to maintain membership on the Medical/Dental/Advenced Practice Staff including professional, moral, ethical and physical regularments.

Organization:

Specialies:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS manager, medical Staff Services June 3, 2014

bo

RE

Admitting Privileges

Dear'Dr B

Please be advised you currently have admitting privileges at

Questions/concerns, please do not healfate in contacting me.

Regards,

CPCS Manager, Medical Staff Services

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** INBOUND NO	TIFICATION : FAX RECEI	VED SUCCESSFULLY	/ **		7
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSID PPCG	DURATION 221	PAGES 8	STATUS Received	
2015-12-08 11:00	v,	ўўў ў		P 1/8	

December 8, 2015

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Planned Parenthood of Indiana and Kentucky

RE: Backup Agréement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I and: In If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing inimediate care should be evaluated at the closest amergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is a Please provide the patient's name, reason for reterral, current medical condition and means of transport, A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed efter the patient has left the facility, the PPINK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of trensport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 2013

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Dear Dx. and Dx.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land
If the covering GYN physician of the covering GYN physician of the covering GYN physician of the covering GYN physician of the covering of these hospitals is uncomfortable with any postabortal services patient from Planned Perentbood of Indiana (PPIN) needing admission. I will assume care of that patient, and will arrange patient admission and care for each patient modifies my services according to each patient's need.

Portianthed: Fort: Century Schoolbook

Intra-operative complications:

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on cell should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _

ակելի[[վել[լվելիվերիդոյի]|վերորդոհիիլ| PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - petient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

From: ` Sent:	Filt. I as assessed in 1		
To:	Friday, June 10, 2016 12:42 PM Snyder, Randall		
Subject:	RE: Privilege Verification		
man condictor of	RNAL email, Exercise caution. DO NO unexpected email. ****		
Mr. Snyder,	the second was the second to t	وهوي و هنده در وم در در المسلم بدر المسلم و المس	ر من من من من من من المنافق المنافق المنافق المنافق المنافق المنافق المنافق المنافق المنافق المنافق المنافق ال المنافق المنافق
This is to confirm that a reappointment by Februa	M.D., does have admitting pary 1, 2017.	ivileges at !	He is due for
If you have any questions	, please do not hesitate to contact me.		
Thank you.			
Director Medical Staff Affairs			
Madian Scall Milalia			
Office:			
Fax: Email:			
•		•	
From: Snyder, Randall [m Scht: Friday, June 10, 20; To:	allto:RSnyder1@isdh.IN.gov] 16 12:33 PM	er Commendation of the com	The contradiction with an exercise to a complete the angle of the spings.
Subject: RE: Privilege Ver	rification		
Ms.			
	16-16-34-2-4.S(c)(2), "The state department s		
	received an admitting privileges document in	regards to a licensure	application on file with
Therefore, pursuant to sta of this request with a reap	te law, please verify that Dr copointment date of 2/1/2017.	urrently holds admitti	ng privileges as of the date
I have included last year's A reply, like the one dated	request for reference should it be needed. 10/20/15 is sufficient.		
Thank you.			
From: 1 %	• •		
Sent: Tuesday, October 20	, 2015 10:42 AM	-	

Snyder, Randall

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of

has approved your reappointment at

OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment

14 (Nº)



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and in the interest of the interes

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and individual in

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and i, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice If I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RÉ: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and , I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport, A copy of all available patient records should be sent with the patient.

i agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

RE: Membership and Clinical Privileges

Dear · · · ·

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

Snyder, Randall

Sent: To:	Friday, June 10, 2016 12:42 (Snyder, Randall	PM	
Subject	RE. Privilege Verification		
**** This is an EXT	FERNAL email. Exercise caution, I or unexpected email. ****	OO NOT open attachn	nents or click links from
Mr. Snyder,	,		
This is to confirm that reappointment by Feb	M.D., does have admortanty 1, 2017.	nitting privileges at	He is due for
if you have any questi	ons, please do not hesitate to contact m	ę.	
Thank you.		•	
. Direct	tor		
			,
Office: f			
Fax: Email:			
	add a commission of the a second of the second of the second of the second of the second seco		
From: Snyder, Randal Sents Friday, June 10, To:	Maiko: RSmyder (Micdic IN co.)	المهريس بدو يستحقون فأرهيه والمهود والمهود والمهود والمهودة والمودة والمهودة والمهودة والمهودة والمهودة والمهودة والمهودة والمهود	الا الا فيوسيدون بيسد منصوط و إن يو يعد دوسيدو فلساده المستوجه يعد و الا الا الما الما الما الما الما المنسوب
Subject: KE: Privilege	Verification		•
Ms.			
Pursuant to Indiana Co document"	ode 16-16-34-2-4.5(c)(2), "The state dep	ertment shall verify the va	lidity of the admitting privileges
	has received an admitting privileges doc	ument in regards to a lice	nsure application on file with
Therefore, pursuant to of this request with a r	o state law, please verify that Or reappointment date of 2/1/2017.	currently holds ad	imitting privileges as of the date
i have included last ye A reply, like the one da	ar's request for reference should it be no ated 10/20/15 is sufficient.	edéd.	
Thank you.			
From:			
Sent: Tuesday, Octobe	r 20, 2015 10:42 AM		



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. "

This letter confirms our agreement that I will provide emergency back-up services for your shortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and and admission and care for each patient needing my services according to each patient's

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records abould be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Incliana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at and

If the covering GYN physician of the day at either of will assume care of that patient.

Intra-operative complications;

In the event my services are needed under this agreement for complicatione that occur during or immediately following the procedure and before the patient has left the facility, contact me by calling my office at . . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely.

January 29, 2013

_, M.D.

Dear;

It is my pleasure to inform you that the Board of Trustees of ,
has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely.

M.D. Chief Medical Officer

jh

Attachment



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

JAMES CALLAGHAN III, ADMINISTRATOR FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE 1201 HADLEY RD MOORESVILLE, IN 46158

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randali Snyder
Division Director

Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are eccredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Freseni

Staff Status:

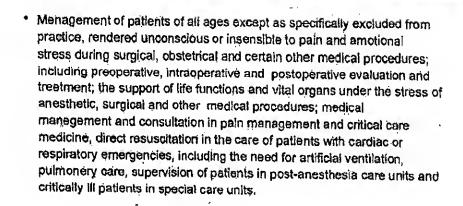
Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,



- The application of specific methods of respiretory therapy.
- The clinical management of the petient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The menagement of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnolo injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2 10 Years

- Administration of sedation
- Admitting Privileges
- Limited critical care



ADMISSION PRIVILEGE AGREEMENT

will provide Clinic For Women with hospital admitting privileges for Dr. patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD (



Hospital Admitting Privilege A	greement
In the event that a Clinic for Women (CFW) patient requirements abortion complication Dr. will agree to contracted physicians at the Clinic For Women.	uires hospitalization for an admit any patient (s) for all
. MD is in agreement that Dr, admissions to for any of his patients	will provide all emergency from the CFW.
CFW's Administrator and clinic doctor(s) will provide pregarding the patient's status. The Clinic Administrator patient at the hospital, making herself available to both	Christian and the contract of
CFW will maintain contact with the patient throughout provide follow-up care at the clinic.	·
With written approval/release from the patient, Dr. copy of any patient's hospitalization records to CFW La	grees to provide a complet
	le the nations will be seen.
MD	3.1.14
WO M	unch 1, 2014



Hospita	al Admitting Privi	lege Agreement
In the event that a Clinic for W abortion complication Dr. contracted physicians at the U	will ag	ent requires hospitalization for an ree to admit any patient (s) for all
MTI is in sore	ement that Dr. for any of her p	: will provide all emergency ahents from the CFW.
regarding the patient's status.	The Clinic Admini	ovide pertinent information to me strator will accompany or meet the both the doctor and the patient.
CFW will maintain contact wi provide follow-up care at the	th the patient throu clinic.	ghout her hospitalization and will
With written approval/release copy of any patient's hospitali	from the patient, D zation records to C	r. agrees to provide a complete FW under this agreement.
In the event that Dr. is to via amb	out of town or una pulance to the Emer	available, the patient will be transferred egency department.
·MDj	- M	5.1.N
MD		March 1, 2014



Hospital Admitting Privil	ege Agreement
In the event that a Clinic for Women (CFW) patie abortion complication Dr will agr contracted physicians at the Clinic For Women.	nt requires hospitalization for an ree to admit any patient (s) for all
MD is in agreement that Dr. emergency admissions to for	any of his patients from the CFW.
CFW's Administrator and clinic doctor(s) will pr regarding the patient's status. The Clinic Admini patient at the hospital, making herself available to	istrator will accompany or meet inc
CFW will maintain contact with the patient throuprovide follow-up care at the clinic.	ighout her hospitalization and will
With written approval/release from the patient, I copy of any patient's hospitalization records to (Or agrees to provide a complete CFW under this agreement.
In the event that Dr. is out of town or un to! is ambulance to the Eme	available, the patient will be transferred ergency department.
	3.1.14
MD	Date March J. 2014 Date



	Hospital Admitting Pri	vilege Agreement	
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is i	n agreement that Dr. for any of his	will provide all emergency patients from the CFW	
patient at the hospital,	and clinic doctor(s) will postatus. The Clinic Admin making herself available t	rovide pertinent information to me distrator will accompany or meet the oboth the doctor and the patient.	
CFW will maintain cor provide follow-up care	Hact with the nations show	nghout her hospitalization and will	
With written approval/copy of any patient's h	release from the patient, Dospitalization records to C	er. agrees to provide a complete FW under this agreement.	
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In the event that Dr.		moilable at	
In the event that Dr.	is out of town or una	moilable at the state of	
In the event that Dr.	is out of town or una	moilable at	
In the event that Dr.	is out of town or una	available, the patient will be transferred gency department.	

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randali Snyder
Division Director
Indiena State Depertment of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Fecilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Cere. We engage in peer review, quality menagement activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based prectice. The above practitioner has met the necessery requirements to maintain clinical privileges and membership on the Medicel/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Prectice

If you need additional information, pleese contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall From: Sent Friday, June 10, 2016 12:42 PM To: Snyder, Randall Subject: RE: Privilege Verification **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** Mr. Snyder, This is to confirm that . M.D., does have admitting privileges at : He is due for reappointment by February 1, 2017. If you have any questions, please do not hesitate to contact me. Thank you. Director Medical Staff Affairs Office: Fax: Email: From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov] Sent: Friday, June 10. 2016 12:33 PM To: 🦘 Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with

Therefore, pursuant to state law, please verify that Dr... of this request with a reappointment date of 2/1/2017.

currently holds admitting privileges as of the date

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: 1 % Sent: Tuesday, October 20, 2015 10:42 AM December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of
has approved your reappointment at
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

al

Attachment

14 / F1

.01

9.



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology et and it, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at it have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if i need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

. MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD Planned Parenti god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RÉ: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

RE: Membership and Clinical Privileges

Dear '

MD;

I am pleased to inform you that your Application for Reappointment and Request for Clinical
Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of . . . patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

From: Sent: To: Subject:	Snyde	/, June 10, 2016 12:42 PM er, Randall Wilega Verification	
**** This is an EXTI	ERNAL email or unexpected	Exercise caution. DO NOT open attachnemall. ****	nents or click links from
Mr. Snyder,			**************************************
This is to confirm that reappointment by Febr	Tuary 1, 2017.	M.D., does have admitting privileges at	` ` . He is due for

If you have any questions, please do not hesitate to contact me.

Thank you.

Director

Medical Staff Affairs

Snyder, Randall

Office: # Fax: Email:

From: Snyder, Randall [mailto:RSnyder1@isdh,IN.gov] Sent: Friday, June 10, 2016 12:33 PM Subject: KE: PTIVIEGE Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges

The state department has received an admitting privileges document in regards to a licensure application on file with

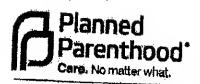
Therefore, pursuant to state law, please verify that Dr. . of this request with a reappointment date of 2/1/2017.

currently holds admitting privileges as of the date

I have included last year's request for reference should it be needed. A reply, like the one dated 10/20/15 is sufficient.

Thank you.

Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenith ... of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women'e Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records abould be cent with the patient.

I agree to provide you thirty (80) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr. Women'e Medical Center 1201 N. Arlington Avenue Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency eituation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at . In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and meane of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

...., M.E

Dear.

It is my pleasure to inform you that the Board of Trustees of . ____
has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

'n

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at .

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Siste Health Commissioner



July 11, 2016

EENSZELAER, IN 47978 1104 E GRACE ST TERRANCISCAN HEALTHCARE RENSSELAER TERRANCISCAN HEALTHCARE RENSSELAER TERRANCISCAN 47978

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

county described in subdivision (1);

where abortions are performed,

Respectfully,

\s\ Randall Snyder, PT, MBA Division Director Acute Care



ակիտնվիրութիկիննիկին արտանակն PLANNED PARENTHOOD MERRILLVILLE 8645 CONNECTICUT ST MERRILLVILLE, IN 46410 June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indinnapolis, IN 46204

RE:

1

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of cure, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of hothing that would preclude recommending this

DEPARTMENT:

Obstetrics/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Lisison

Medical Staff

Page 1 of 3

Physician Privileges

Physician III Name
Privilegea Effective Date
40130 M. (). 6710/2016 flora 69/2013 Active

Page 2 of 3

that are complicating factors in programmy, the turn privileges in this specially leadeds the procedures listed and such rither procedures that you commons in I the value echniques and skills. Performance of history ord physical exam Annielograms Amino ní ion -Americany or Oxyrocia industriso Application of internal fetal and uterate more to delicate and selection of labor by the of Oxylocia -Cacsarcan orecussy, excisers section -Cerulage ervical biopsy or contention of carvin in Hegency Characteron of newbown -Executed vocation of brocoh - Hypogentric artery nedwar adi to ame although inciden including restrictation and intubation) amprehion of felal manifering Low or mid forceps delivery, including fountions -Management of high risk programmy inclinive of such conditions as pro-clampain, pantdecises, third trimester blending, infrastorine Combinentation, premium explane of nontrino, province labor, and multiple restation and processes atmormaticles -(sangement of patients with without medical stregical or observiced amingliculation for prisal labor including wild toxomia, lecontowed aboution, ninetical purspecial parlent, ormal uniquestion until postparinib care. susperious complications, first demise -Manual sensoral of placents, storing countings Medionticuto incluse fical lang malarity . Notice and production reason to the second of the second o leckniques Operative vaginal delivery (including forcers, vaccion astruction, breach extraction) - Performance of breech and qualificat deliveries -Prefendal and paracervical blocks -Ropain 4th dogsec pertuent incomions or of corvioni or vaginal acceptions expainment of medical examplicates of programoy including programmy malaced hypertension, thronic hypertension, flubetics medition, record disease, compalespection, carried the sease, amenitie and homogloimopathics, thyroid disease, successly treased stop disease, pulmonery disease, thromboarabolic disease efections discuss, octopic programmy and cabe auxiliarite of pregnancy, such as impomploto complete or attested abortion. - Vaginal birth Scroncom accion (VBAC) - Epiminery and regard framismous vaginal delivery conhedic , Amerikeria and amigrate.). proximal actation IM & IV; 2, Local; 3, Process block; 4. Paracorvical block

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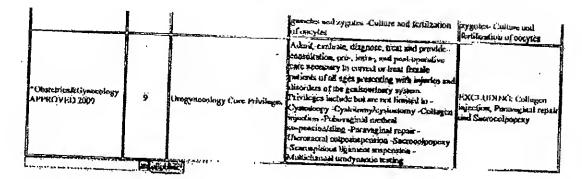
deproductive Endocrinology Coré Privileges

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Admir, cyalum, diagnost, treat and provide injuries i or centrationi timbanitalion in potionia of all ages, except as specifically excluded from prairies with problems of inviting. Privileges incinde but are not limited to Contest invalidation transfer (C.1.8.1); infertibly and encluring evaluation including ovalation induction, disappoint and received of hypothesiscania, hyperproductions and transcription of hyperproductions and transcription of control of co including transabdomical/transvegious eva severaling, cardway bracafor - Microscopical securitional land sixtee of science deire-abdominal moster of

EXCILENNO: Cintrale intrafallopian (G.LF.T.) infertility mad endocrine ovaluation including republica induction. diagnosis and icontracts of Mountain, amosowhee, retrieval of oncytes, echange of IVF autoding ware promined to a serve of the ova harvassing, conbryo constr. intra-abdomina miller of granden and

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lien of your questionnaire.

Membership on the Medical Staff of the? compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their lile, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this

DEPARTMENT:

Obstetrics/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician II) 49601

Name

4.1),

Privileges Valortive Hale A/10/2015 thru 6/0/2017

Sintap Active

Division Speciality	Privilege Number	Pecilus Description	Priväcge Description	Vister
*Christinis&Cynepology APP2(OVHI) 2000	3	Uyaccologic Oscology Coro Privileges	Admit, evaluate, diagnopo, treir, and provide consultation and sorgical and thumpoution resemble to female perfects with gynemologic essent and executionistics resulting florer from, including carcinoma if the carvia, overy and failogican tubes, whereas if the carvia, overy and failogican tubes, whereas in the performance of recessives on the special resolution of the came indicated, The cost privilegem in this appealant such the procedures listed and much wither procedures that are extensions of the same exchanges and skills. "Perfectionages of history and physical exam claemotherapy." (Amphadocotomics (ingition), tenoral, polyto, para seria). "Microsorgery -Mynomianous instances in grading -Privile contestion (subprise, posterior, cola)alical hydracetomy, vulveriously and maging by lymphadocotomy. "Radical surgery for treatment of gynecological malignancy to include two-orders on bowel, tretter, blacker, as indicated frontinent of gynecological malignature of the vagina by radical valvectomy and other related targery. Treatment of investive carefulous of valve by called valvectomy was goon described. Treatment of hympic exclusions of valve by called valvectomy was goon described. Treatment of hympic exclusions of valve by called valvectomy was goon described. Ultrimological instance implicates -famings of the expressions and contesting faming phecesaria in faming physical posted and part of the expressions of call hybrid procedures of small bovel. Recomment, report of famination of the colors of the colors.	
PPROVEU 2500	3	lyuccelogy Core Privileges	Adost, évaluats, dispusse, trait, and provide conseintue, pre-lanta-, post-operative care eccusary to correct of trees tamate patients of all ages presenting with injuries and disorders of the fernal reproductive system and the genhousiany system and the genhousiany system and the genhousiany system and the genhousiany system and tree soft for minimary glands. The care production privilegas in the specialty include the procedures total and rich other procedures that are exclusions of the man techniques and shifts. I bertemmans of indexy and physical exast-Adoptic surgery, subjectiony, and posterior procedures for resistance of estaphy programmy - Aspiration of breast masses - Corrects bispay, sectuality colored to the second of estaphy programmy. Colored of the procedure of particular colored physics of the procedure of the pro	

Page 2 of 3

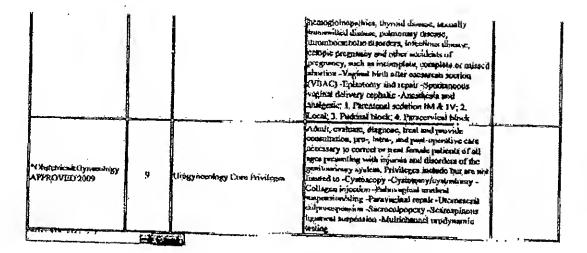
spenscopic Hysicioscopy, diagrantic or shintive tractuding use of resention technique -140 of Harrholin myst or present aboves - LRD of polyte schedes - Incidental expended only -Massiphitication of Barbolin syst "McImphety ... Minor exaccological symbol proquience (underscript biopsy, tillstice and carettage, resitioners of Hertholin cost and absocso) Metroplady, Mydmictiony, abdominal, Operation for treatment of early stage carcinoms of the volve. regress, embructrises, övery, or earlie, Operation for standingsion (orbat higheion), Operation for neathernt of arisary stress incresiseinor; suggest gotta, instanques lantanu aiduqortas dissorque procedure, Operations for beadmost for bondgo clube eliminate D&C with contention, language, abdunited hydraectomy, vaginal hysterectomy, talplagectomy, depletectomy; Operation for secure blooding (absormul and dynfunctional). Operative I appearancepy for pelvic pain and infarlisty, Repost of rectorate, enteroistic, cystocate, or petule prolance. Tuboplamy and other infertility surgery (not micromogical), timbilical ac Inclained Hemia Repair with another generalingle proceeding. Uncorneral regime, Hermanical figurity, Vertenyaginal fishelis, racinvaginal firtula repair, Vulvar biogay, Valvections, simple Admit englants, thegrees, brist and provide obscultation to finance pottents of all agos, and/or provide modical and surgical care of the formule reproductive system and associated disradure. in motog mejor medical efficience their ure complicating fluters in pregnersey. The core value of this specialty lucked: the procedures in this specialty lucked: the procedures that save extensions of the sesso recisiques and skills, eller farmance of history and physical come - Ammiocontenia - Amesia distant Amniotomy of Chylocin induction -Application of internal field and morne mountary mentation and induction of labor by mec.of Oxytocia -Caesaccan hystocommy, oscalarena scotion -Corolago -Corvicul biogray or combation of corvix in programmy -(: remains tim of newborn. Salerral version of broach - Hypogastric actory hastras version in mosen—sypogasure artery lightine—Issaiedism care of the newborn (including researchestors and insulation)—independent on it futal monitoring—Issai in such frequent delivery, including considers. Management of high into pregnancy activative of such conditions as pre-clampata, postdetien third trimpages phooting, intrastering growth promatero labor, and minispie godation and placests share engines. Management of patients with/without medical surgicul or observice) complications for normal labor lockeding mild forcests, directioned abortion, normal proporal exticut, resemble ablepartura and puniparistan tura migration complications, fital decise Manual comoval of placents, excuse convinge Medicationto indoor Stal Jung metarity -Narmal Transporter vaginal delivery Obstatrical disparent in principles, including ultrasonography and other relevant ionaging techniques -Operative vaginal delivery (including foreign, vaccium extractive, branch extraction) -Performance of words and multifered deliveries -Putlendel and named viscol blocks - Report 4th degree perment intermines of of corpical or vaginal incomponenmonths of model complications of programmy including programmy induced hyperstantion, ch hypertransies, dispetes mediture, result (freque, company athles, persimp alarmes, amorains and Cos, chronic

Obticines Gyacrology APROVED 2009

Obstanios Core Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN-46204

ŘE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylawx/Rules and Regulations. Our practitioners are clevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

Lánison

Medical Staff

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Page 1 of 3

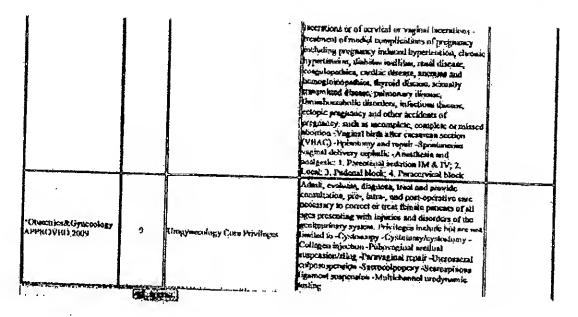
Physician Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrice/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 2

Physician Privileges

Physician-ID Ngas 13243	•	M, D,	Privilegen Effective Date Status 8/10/2014 then 8/9/2016 Auditor	
Distriction Speciality	Privilege Number	Section Description	Privilege Discription	Notes
Personal Cymanskagy	3	Gyncoology Care Privileges	Admit, evaluate, degenose, acist, and provide consultation, pre-, intra-, post-operative case secessary to colicer or near semale patients of all ages pericuring with hybrica and disorders if the formal reproductive system until the geniteuring spin experiencing with hybrical and disorders in the formal reproductive system until the procedures in the procedures and sun-surgicially treat distributes and important of the uninemately glands. The cost privileges in the specialty unchide the procedures of the same techniques and skills. "Performance of this same techniques and skills." Performance of this same techniques and skills. "Performance of this system oystectomy, cophorectomy, subjunctionly, and conservative cophorectomy, subjunction of the same foreign programs." Aspiration of the camera — Cervical biopsy, lacturing contractor—Cervical biopsy, lacturing contractor—Cystocopy as part of generalogacy procedure. "Disputative land the spanish to the contractor of the process of the contractor and advantant—Cystocopy as part of generalogy, lacturing and advantant—Caphoratory, physical paparotomy, lacturing the contractors, redometrismic and advantant—Contractors, redometrismic and advantant—Contractors, padement also particles and advantant—Contractors, padement also particles and advantant of lacturing and procedures (endament also particles and particles and advantant procedures (endament also particles and advantant particles and advantant, of lacturing and advantant particles and advantant, of lacturing and advantant and advantant particles. "Advantant and advantant and advantant particles and particles and advantant, reducing and particles and particles." Operation for restaurant particles, particles, particles, particles, particles, particles, particles, particles, particles, partic	
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Physician Privileges

SULTA

Privileges Effective Date Physician ID Antivo \$/10/2014 then \$/\$/2016 4119 κĖ.D. Privilege Name ber Nedas Privilege Description Memica Speciality Section Description Adrest, cyclopic, diagnoss, west, and provide Adrak, cynitusio, siteracoo, ireat, and provide consultation, give, intra-, post-operative care according to correct or treat femilie patients of all agest presenting with injurious and distributes of the formal reproductive systems and the gentlematically systems and non-surgically treat information and injuries of the posterious graphs. The core privileges in the specialty healing the processing stated and such other procedures that are such after some procedures and the same techniques and the gro extensions of the same techniques to shifte, effections and a finished and physical mans with each group, technique contain cystostomy, cophomistmy, astylogostomy. nd economistive presentation for treatment of and conservative providers for interestal of occupity prepriety via printion of breast, measure "Circlest Buryly, instables contention Cotylociclest "Colopetanty "Colopecopy" — Cystomogy as part of gylecological procedure Displacetic and therepostic DAC "Displacetic and apprairly Experiencely (exter than label strollington). Providentary Instables. Displaints and therepeate DAC -Dispustic and apprentic Lapuroscopy (enter than total stelligization) -Beginnings (specificate, beginning) -Beginnings (specificate, beginning) -Beginnings (specificate, beginnings and research of petric pain, petric const., beautoperfoliosed, salurisations and subastics; -Badosporials albindon -Qymenbogic perception, sectioning the substitution of the petric of substitution of the petric of substitution of the petric of substitution of the petric of the pe EXCLUDING: Vacioni tystorectomy, sectoding Ohme lock Gynouslogy 3 Gyacology Core Privileges APPROVED 2009 isparomony, shoreinal hysiorichnen, vaginal systematery, subsidencemy, oppositiony; Operation for startes bleeding (shoreinal) and dyritinocional), Operative Luparoscopy for pelvic pais and selectifity, Rapatr of rectopcio, extrapode, cyratectic, or polvic prolugio, Totopisaty and other interdity surgery (not riferatorytes), Dublifical de Sociational Harsis Ropide with another graceologia precedure; Unreasoni vaginal, Decovaginal fichile, Vesicovaginal fathics, rectovaginal fichile, posts, Volve Nogey, Valoccomy, simple and the minister Column (see prosection). HOCILUDING: Hyperacic Obstatricult Gynécology Obstatrics Core Privileges Admit, avalente, diagnoso, trist and provido Adess, available, despitose, titals sed provide containation to fitnish pathons of all pages, while previous medical and aways about of all female reproductive system and associated disportions, including waiter medical disputes. APPROVED 2009 riory ligation

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March 13, 2015	•				
MD Planned Parenthood of Indian 8645 Connecticut Street Marrifiville, IN 46410	a and Kentucky				
RE: Buckup Agreement					
Dear Dr.					
This letter confirms our agreed abortion patients in the event that requires hospitalization p	UI & UZITIONOMON, Princepana	or offermalina my make	ices for you redical nee	ur d .	
We have admitting privileges;	h Obstetrics and Gynecology	at		İlı	
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From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:59

#184 P.002/002

July 14, 2015

MD
Planned Perenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Deur Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Silverely.	-		,	
· ~ e>	, MD	Phone:	MD	
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		NOTIFICATION : FAX RECE			
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April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Marrillville, IN 46410

RE: Backup Agreement

Déar Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. ubtaining admitting privileges.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely, >	
MD	MD Phone:
MD Phone:	Phone:

Michael R. Pence Governor

Jerome M. Adams, MD, MPH Slete Health Commissioner

Indiana State Department of Health An Equal Coppositionity Employer

July 11, 2016

DYER, IN 46311 PRANCISCAN ST MARGARET HEALTH - DYER PYAUCISCAN ST MARGARET HEALTH - DYER PYAUCISCAN ST MARGARET HEALTH - DYER

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital is located; and is located; and (2) each hospital located in a county that is contiguous to the county described in subdivision (b):

county described in subdivision (I); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

"MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Slaff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Stuff, Based on their file, there are no disciplinary actions related to quality of cure, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

SPECIALTY: CATEGORY: Obstetries/Gynecology Obstetries & Gynecology

Activo

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Medical Staff

Page 1 of 3

Physician Privileges

 Physician ID
 Name
 Privileges Effective flats
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 40130
 M. 13.
 6/10/2016 flats (N/2018
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Page 2 of 3

that are complicating factors to programey, the cure privileges in this specially include the procedures listed and such other procedures that are extensioned of the same techniques and skills. Performance of history and physical exten-America micros America influence Americanny or Oxymein induction Application of infernal fetal and uterine to protected box inflatmentary and indisortion of labor by som of Oxylocia -Catsarcan hystoreducty, carraccan action -Contago ervical blogsy or confession of envis in wegathey -Circumcinion of newborn -Executal vector of broach Hypogustric artery tradecar adi les unes atallocatini- nolugii recluding respectation and intubation) atropretation of fetal maniforing -Low or mid forceps delivery, including rosations -Management of high risk programmy inclinive of such conditions as pro-clampain, pantdurism third irprorter blending, infominence etoretretector, premium subian of montraine, premium laber, and multiple column and placemin abnorminibles . Management of perferits with/without medical singless or observices complexations for normal labor including make tonomia dispositional afternium, numbed purspectal positions, normal analyserium mail postparists inco. respection complications, first demise -Marriel structed of placents, otering country Medionicato induce Real lung maturity -Normal sportaneous veginal delivery. Obstational Registratio presculures, including directnography and other relevant imaging techniques Operative vaginal dulivery (including flavours, viscoing solimation, breach extraction). Performance of breach and multilitied deliveries. Pudential and manuscrip correction - Acquired and polyacetylest blocks - Required in degree porticest linearisess or of corvinal or veginal faccinions - trainroot of medical prophilication of programay factioning programay maked by parkension, chargin hypertension, diabetes will like a post of the control of the contro molling ctral distant, congularistics, oursing Bossis, draming and homoglolisopathics, thyroid disease, according transmitted discuss, petanonary discaso, therembers belie discretes infections discuss, attorne pregnancy and other accidents of pregnancy, such as facountieto, complete or mascel abortion -Vaginal biets affer our second of VRACO -Hydrationy and repair -Hydrathenous vaginal delivery impliance Anesthesia and analycesia; 1. receional accidence IM & IV. 2. Local: 3. rateral block; e. Paracervical block

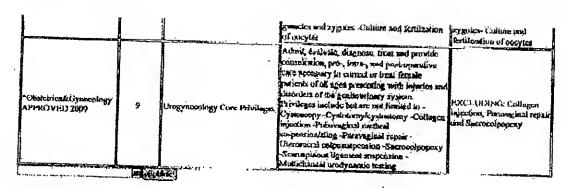
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Reprinductive Underthology Core Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief in release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the) compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are clevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this

DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician II)

49601

Name

d, D,

Privileges Effortive Date

A/10/2015 the AN/2017

Status Acuve

Obvision Speciality	Linger	Section Description	Frivilege Description	Notes
(Myserics & Clyscoology PPRO VIII) 2009	±	Oynecologic Oscology Colo Privileges	Admit evaluace diagnosis, treat, and provide committeion and neurical and therapoutic automates to formate patients with gyanochique cancer and a surplications treating there from, including carictocoms of the cervix, ovary and failopian rubes, exercis, virba, and vagine and the performance of researchers on the beined, mechan, and blaider are indicated. The care privilegis on this appealanty actuals the prescular first and blaider are indicated. The care privilegis on this appealanty actuals the prescular first and such other percentages and skills. "Performance of history and physical exam Chemotherapy - Lymphadecertomics (inguinal, termoral, pelvic, para aemit) -Microsurgery -hyperanocoms lianges in grafting -hype partie and polivic hypoph node altosection -helvic membersher (anterior, protector, total) -raised hysterectomy, redvictomy and staging by lymphadesic county. Radion angiesty for resortment of gyaccological malagnancy to include procedures on beyon, ineter, bladder, as fudicated - treatment of processory with groin discounted to again. Treatment of invasive carelacions of vides by called sofvectory with groin discounted to again. Treatment of history and other related to again. Treatment of history and other related to again. Treatment of multipoint discounted for seal of the control of processory with groin discounted to grain hy called sofvectory with groin discount. Subjects of the gestroirections from the said upper abdoncia, hechding placements of facilities of physical moved and the processory fractions. Subjects of the gestroirection of acute to and upper abdoncia, hechding placements of facilities for the control to acute of acute bowes. Research of acute of control bowes, acute of facilities and the subjects and the processory fractions.	
PROVED 2000	3	lyuccology Care Privileges	Adapt. Availate, displace, livel, and provide consultation, just, letter, post-operative care recessively to correct or row Remain patients of all ages presenting with injuries and disorders of all ages presenting with injuries and disorders of the sense reproductive system and the perfectionsty system and resorders reproductive system and the perfections of all adjuries of the measure yearth. The terre privileges in the specialty include the procedures of the sense industries and shifts. Performance of basicsy and physical cause -Advanced surgery, including oversite systematics, outstanding of the sense industries are procedured, performing the construction, and conservative procedures for treatment of scripto preparative procedure for treatment of scripto preparative procedure. Considered of scripto preparative procedure. Considered Conservation of Colocoletts -Colopolemy -Colocoletts -Colopolemy -Colopolemy -Colocoletts -Colopolemy -Colocoletts -Colopolemy -Colocoletts -Colopolemy -Colocoletts -Colopolemy -Colopolemy -Colopolemy -Colocoletts -Colopolemy -Colopol	

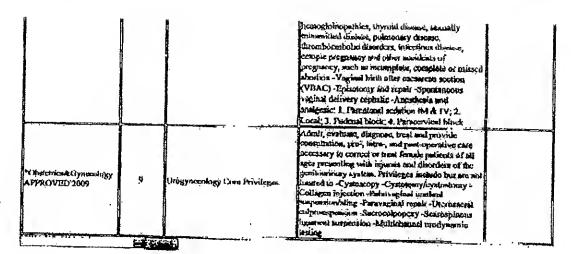
*Observices Gyncrology

APPROVED 2009

Page 2 of 3

heperoscopic - Hysicloscopy, diagrantic or abbitive excluding use of resection behaviour - [44] of Hardrolin cyster perimet aboves IRD of polyic theren in dealers appended any. Martuplatication of Bartholin Gyst -Mitmplacty -Minor gynccological surgicul provincemen (endometrial bloppy, elitation and curatiage, resizeent of Harthulin cyat and aboress) Metropholy, Mydistockery, abdominal, Operationfür treatment of early stage carcinoma of the welve, regret, endonctirion, overy, or ocrete, Operation for storalization (tithal ligation), Operation for nestracted of seinary stress free militarios; vagues approach, retropublic until and responsion, share procedure, Operations for insulment for borogin service diseases: D&C with confestion, laperotomy. abiliarinal hyderectomy, vaginal hysterectomy, iniplagectiony, cophotectomy, Operation for mering blocking (absormal and the limithinal), Operative Laparoncopy for pelvic pain and infallity, Repair of respecte, entrocele. cyclucia, or pelvic prolopec. Tubelplacty and other infertility surgery (not interconfigural). Umbilical & Inclaimal Hemia Repair with another gynmaningle procedure, Uterconcrat vaginal, Literaryaginal fishela, Verterryaginal fishela, rectaveginal (Istala repair, Valvar Bargay, Valvectobay, steaple Atherit conducts, there was treat and provide consultation to firm to patients of all ages, and/or Obstarios Com Privilence provide modical and megical care of the famile reproductive system and associated disorders, including major medical efficures that use complicating factors in pregnancy. The core privileges in this spountly include the procedures isted and such other procedures that yet ceterations of the same sechalogues and skills. Has furnished of history and physical extens-Amelyountesis-Amelia fillusion Anniolomy or Chylson inchesion -Application of internal field and ularing monitors Augmentifica and induction of labor by mic of Oxytocia -Caesaccan hymerobusiny, pacsaroun section-Corclage-Curvical bioger presentation of corvix in programmy discussionism of resolution -liaternal version of broach allypognetric actory teating -leastedless care of the newtons (mobiling measurement of humanical measurement of humanical medium) -laborated of humanical medium of humanical medium of humanical medium of humanical medium of high tick programmy. enclusive of such conditions as pre-clampite, post-defining third princesses, blooding, intrantesing growth constition, premittee region of membrane blacoute abstractifice - Manageract of patients with without medical surgical or observiced complications for named labor including mild member directeded aboution, normal proporal parlett, normal subsparture and presignation trong, perfection complications, fotal density blanual removal of placents, aterms curetings Modications induce that hing metarity -Normal Torinstan vaginal delivery - Obstatrical appendix princelures, including ultrasonography and other relevant imaging techniques - Operative vaginal distresty (lecturing fixeeps, vacuum extraction) - Per firmance of extraction, and the contraction of the c reach and multifetal dailyeries -Pudendal and preservical blocks -Repair 4th degree persons personance cooler supper was copied personal laterations or mi possible or vagical interations -reclaims of model complications of pregimmy including programmy induced hypertension, clowdic hypertension, dispects meditors, sould discuss computing distinct meditors, sould discuss and

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RF:

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DEPARTMENT:

Obstetrics/Gymecology Obstetrics & Gynerology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sincercly,

ei.s

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician ID

Name

Privileges Kilective their

7/6/2015 Ohru 7/5/2017

Status Agivo

40350 · M 1). 7/6/2015

Oirlains Speciality	Parilegs Number	Section Description	Crivilege Description	Notes
Obsertions Operoology	Namber	Cynecology Core Privileges	Admit, evaluati, diagnose, treat, and privide consultance, pro-, farm-, pod-topositive care accessiny to correct or breat famade patients of all ages presenting with injuries and distributes of the familiary populations of the insul reproductive system and the genitourinary system and an accessing between the procedures in the injuries of the manuscry plands. The core privileges in the specialty include the procedures fasted and such other procedures that are not such other procedures that are not such other procedures that are not such consultations, and physical course-Administrative recedures for instances of physical course-Administrative procedures for instances of ectopic programmy -Aspiration of breast missues -Colymolesius -(1)-tipoplanty -Colposcopy and physical course blopsy, including courselon -Colymolesius -(1)-tipoplanty -Colposcopy - Diagnostic and breast missues -Colymolesius -(1)-tipoplanty -Colposcopy - Diagnostic and the aparotic DAC -Diagnostic and operative Laparoticopy (other than tobal slewings) -Exploratory haserotomy, its -Especial and insurance -Cadonectal ablation -Gynecologic accountable philation -Gynecologic accountable philation -Gynecologic accountable in this procedure, and of particular discount -Islation procedure, procedure - succession of Baylosin syst -Matriplanty - Marchalin cyst and abscess) - Matriplanty, Myometricopy, inflorman, Department of Barterish cyst and abscess) - Matriplanty, Myometricopy, inflorman, Department of missay, distinct and cuttrings, treatment of missay store incontinence, registed approaches, Colomolism (while procedure, Operation for restriction of universities in monument for being paivle discount for procedure, Operation for storial approaches, or private pairs insurances, or paivle pairs insurance, or paivle of recovering, papers on the volve, registed benealing (absocianal assisty style private private for colorism of the contraction, topic pairs in patential private interestion, and private interestion.)	CORES
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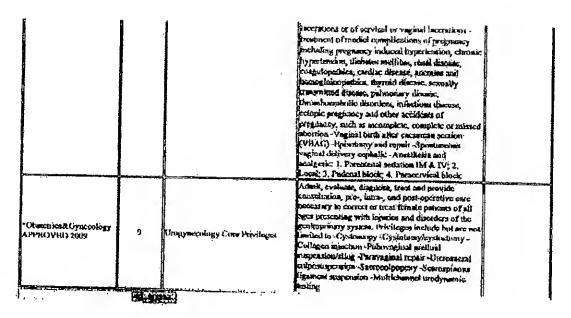
Observior Core Privileges

Page 2 of 3

Surgical System, or documentation of training and experience commutateste with the requirements for abundance privaceer to position the open procedures, 4. Dominiculation of antispictory completion of the PDA-mandsted training course is ho with use of the reboths surgical system which and subject and analytical and an abulant from day off site training at the fabricies Street and Inc. (ISI) Training Come: 5. dountermion provided by 151 of having observed at least two (2) robusts merations performed by on experienced vargeon OR 1. Stocow fully completed training in residence continued by the program director with a letter of support from their facility. Un. 1. Committee facilities and examined the full support from their facility. UR. 1. Currently incore privileges to perform da Vinci surgical systems promiser at mether facility. Physicians mading these enterin must indicate all facilities where they perform this procedure and provide a case but of procedures done and outcome data in the past 12 Bouchs as well as providing the doctonentation listed above. AND I. Documentation of having theorical at large two 92's robotic operation performed by an experienced surgain, 2) An ideatified proctor for two (2) cases by a secured surgeous in the same surgical specialty who has med the above requirements. Additional processed execu my he at the discretion of the proctor and/or the Createntials and Professional Muncherin Come OR Be proctored by a deVisui Intuitive Surgical approved process from haride or outside of demonst Hospital (approved 6/4/12) Admit, evaluate; diagnosts, treat and provide consultation to timule patients of all ages, and/or privide medical and surgical case of the figurale rightsiseing system and associated distributes, including rights medical distribute that are complicating factors in page agany. The case or favorable states a postalers include the probabilist include the probabilist include and such other procedures that are extensions of the same rechalques and skills. - For Ammunuo uf history and physical cises -Amniocentess -Amnio infusion -Amniotomy or Coynocts induction -Appriculture of interval ficial and utoring monitous -Augmentation and industry of John by imp of Augmentusco seus sussenzas productivos, interesteus control -Contace -Corvical biopsy or control bios of contr terris to pregimecy Chromacolou of producin-Parker had programmed broads - Hypogrammic amery Resting-Immediate usio of the nowborn (mehoding terior delices and included (cos) - interpretation of foigh minimizer Low or mid throops delivery, include rotations -Management of high risk pregudacy activities of minds opacificious as pro-clampola, postdition, third traversies blanding, intrasturing general terardolica, promotore rupturo of moreheus promisions labor, and soultiple gosistion and placents atmormalities - Management of patients with without medical surgical or observious complications for mounted labor including solid incomits, licentened shriftin; ricental property period, social discrepanture and postparture men, confession complications, first domine definited receptation to phicomic, storic commings. Medicalicate Ischuse Risk lang malurity - Narmal anniances vaginal delivery - Christicas distancias procedures, including physionography and other retevant imaging techniques -Operative vaginal defivery (including forceps, vaccim extraction, breech extraction) - Performance of become and amultiforal deliverers - Praisonal and

married blocks -Ropair 4th degree periocal

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

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DEPARTMENT:

Obstetrice/Gynecology Obsteries & Gynecology

SPECIALTY: CATEGORY:

Active

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 2

Physician Privileges

Phylician-Lit 13243 Name

M.D.

Privileges Effective Date 1/10/2014 him 1/9/2016

Status

Divisina Speciality	Privilege Namber	Section Description	Privilege Description	Notes
PekciVZD 2009	3.	Gyaccology Core Právileges	Admit, evaluate, dagnose, ucest, and proving casco carealistical, peer, intra-, post-operative casco excessary to coatect or from farmale pedients of all agest personaing with infortica and disorders of the fortist reproductive systems and the gentluscriptary systems and arm-compacially treat differenters and experiviteges in the specialty stechalor than residenced listed and such other procedures that are declaration of the same techniques and slotts. —Perfurmence of the same techniques and slotts.—Perfurmence of the same techniques and sonacyonive procedures for it cament of ectopic programs y-Aspiration of became of ectopic programs y-Aspiration of these masses.—Convical biopsy, including contrastion - Cotopic programs y-Aspiration of breast meases.—Convical biopsy, including contrastion - Cotopic programs y-Aspiration of the same and the approximation of promodure.—Operations and the approximation of procedure.—Operations and the approximation paint of procedure. —Operations and techniques is also become of the same of procedure of the paint of a procedure of the paint of the pa	
Buddina B (Tymodolingy 2240 VED 2009		Okeletrium (Ano Privileges	Admit, continuite, diagnosis, brest and provides constitution to fearning puteries of all ages, analyze provide medical and surgeal care of the finally reproductive systems and suspected disorders, including utajor medical discusses that are complicating flatters in programmy. The constitution of this specialty instack the protectives listed and trade other procedures that are continuious of the mean includences and addits. For firm means of the mean includences and addits. For firm means of	

hitenyy and physical exam - trimmocentesis - Ammin In histon - Amminiony or Oxytocia induction -Application of linerant first and atorius monitors Auchiterities and industion of labor by use of Oxytocia -Cacarrens hysterections, cacarrens scution - Consists - Carvical plopsy of consolition of cervix is programcy Circumdiston of nowbern. External version of broock -Hypogostric artery ligition-bancellate was of the newborn (including resunctioning and intolering) -introorcration of Etal monitoring -i.e.v or with through delivery, including rotations Meanupement of high risk programmy inclusive of audi conditions at pro-clampsis, post-latine, third trimester blooding, instanterine growth retardated, premature transmit, transmitment, retardated premature in primary of membranes, for an artificial graduation and place par abuse males. A management of patients with his property of patients with his property of patients. complications for normal labor including miles science, threseed aborton, normal properal patient, corniel accounts and protestion that, pempertum complicitieses, fetal desiried Adantal removal of placests, sterine curitizes -Medicationic induce foral long materity -Nervol rigoniumous vaginal delivery - Obstories diagnostic perceduces, including ollowing oppy and other relevant imaging hubbiques -Operative vogical delivery (metoding florespa, vacoum extraction, broads extraction) -Performance of breach and makifetal elebyrates -Pudeadal and personvital blocks -Repair 4th degree perincal incentions of of childs of vegical languistics in a child complications of programmy their distributions of programmy their distributions of programmy their distributions and distributions and distributions and distributions and distributions are distributed to the child distributions and distributions are distributed to the child distributions and distributions are distributed to the child distributions and distributions are distributed to the child distributions and distributed to the child distributions are distributed to the child distributions and distributed to the child distributions are distributed to the child distributions are distributed to the child distributions and distributed to the child distributions are distributed to the child distributions and distributed to the child distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributions are distributed to the child distribution and distributed to the child distribution and distributed to the child distribution and distributed to the child distribution and distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed to the child distributed homegluicopolitics, theyold discess, sexually transmitted discess, petrophery discuss, shrumbpombolic disorders, infectious discess, octopic programmy and other suctilents of programing, such as incomplete, complete or select abortion—Veglout birth after concerns section (VHAC)—Unsuforey and repair—Spontaneous viginal delivery expostic -Americanis and stalgezie: I. Parentinal sociation IM & IV; 2, Local; 3, Parkinal block; 4, Paracovical Mark

Physician ID Name Privilegus Effective Date Status
a0139 of D. 8/10/2014 theo 88/2016 Active

tyleion Speciality	Hope Lbd	Section Description	Deladings Description	Holas
Oheumicalichynousingy PPROVED 2009	3	Gyneoglogy Curs Privileges	Adrekt, ovolume, diagracen, break mid provide consultation, pre-, biters, picts-dependent or of accountation, pre-, biters, picts-dependent or of accountation, pre-, biters, picts-dependent or of all agas presenting with injurious and discriment of the Semal reproductive systems and non-surgicably providing of the Semal reproductive systems and non-surgicably providing of the sone provided the opposituation of the sone techniques and sides. Performance of the sone techniques and being reproductive that are extensive of thickey mid physical mean. A describer proposition of being contention, copiestory, suphersonery, suphersonery, suphersonery, suphersonery, suphersonery, copiestory, copiestory copiestory. Copiestory Chrysostoles, copiestory Chapecopy. Cymostogy as part of gynocological protecture. Disposable mid flerapeatic Disc. Philapostic and dependent of the special protecture. Disposable mid flerapeatic Disc. Philapostic and approaches by Chipecopy. So disposable and flerapeatic place. Philapostic and approaches protective technique part of protections, for disposable and flerapeatic place. Philapostic and approaches protecting the protection protection and resistance of pavine pain, provident and treatment of pavine pain, provident protection of technique part of protection protections. Philapostory, abdominal, veginal, including laparococy, abdominal, veginal, including laparococy, abdominal protections, single procedure. Disposable operation for treatment of protections, single procedure, Operation for treatment of protections, single procedure, Operation for internation, single procedure, Operation for internation, single procedure, Operation for patrictory, substantion, spraintogray, abdominal by procedure, operation procedure, protection, operation procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure procedure, procedure proce	EXCLUDING: Vaginal Hydrottoiny, isoloding nymetatopho shid Alarovyn ha fistolia
1Outh Took Gynecology APPROVED 2009	1	Obstatrice Core Privileges	Admit, available, diagnose, treat and provide construction to facusin patients of all ages, and/or provide medical and surgical ours of fearers provide medical and surgical ours of fearers provide the strains and assectated.	Jartery ligation

that the complianting factors in preparaty.
The circs privileges in this specialty section the procedure listed and such other procedures that are extended of the laws sechniques and skills: Performance of history and physical cours - Amelocenteels - Amelo to Busine - Amelosoppy or Caylobin infaction Application of infactial fold and station numbers - Augmentation and Induction of labor by two of Onylooks - Camerom hysteroctomy, calescent action - Carolings pysapperously, measures measure Carried by the constitution of earlies in garage army -Circumstation of saviets in Experiment -Circumstation of saviets - Circumstation of breach - Physician of activity planting - proceedings care of the number of the physical Circumstation and troubleton in the constitution of the circumstation and troubleton in the constitution of the circumstation in the constitution of the circumstation in the constitution of the circumstation in the constitution of the circumstation in the circumstation of the circumstation in the circumstation of t Intropretation of fetal monthering -Low or sold proceptions of the second of t rough returbation, premators replace of tempton and blackers spectarylities fundamined of periodic with videout medical surgical or obstational complications for named labor including mild textonia. ibroutened abortion, viorinal prosperal patiety. normal unisperant and posperors are, posperate complications, field desires datus wrobyst of placents, tricting commage Medicationic induce first lang systemy -Normal spontaneous variest delivery -Obstetrical dispingula procedures, including istransonography and other into hast lengths. (trained by foreign, viscoust extraction, brench categorism). Perfora most of breach and armitished derivering disclouded and personal blocks -Repair 4th degree perhaul licerations or of caryital or veginal periodi Hopericis or of Carylola or Vegical limeristore desarramini of molici complications of progressy inducting programicy inflated hypotherator, chronic hyperiopion, filabeta melline, relat disease, progressifies, media disease, program and homogloloopistics, dryroid disease, accounty transition of disease, pulmonary disease, thromboombolic disease, pulmonary disease, thromboombolic disease. in Pactions disease, autopic pregnancy and other positions of programmy, such as incomplete complete or mined abouten - Veginal bette compact or masses accompany vaginations after observate section (VDAC) - Episolomy after repair - Sportanists and abligation 1, Parentment abdution R4 at TV, Z. Local; 3; Federal Book; A. Parantment block

*Disk wice#Oppspolegy APPROVED 2009

Reproductive Endocrinology Coro Privilegos Adrell, evaluate, disputate, trial and provide impatient or compatient consultation to patients of all ages except as specifically exchaded from practice with problems of facility. Privileges include but are not timeled to Character introduction terrainty (0.1.F.T.)—intentity and andooring evaluation including o'minities induction, diagnosis shill treatment a his autism, since or rice, hypotheolacticantic language shift of copyles—libratorial exercions of copyles—libratorial exercions of copyles—libratorial resultant, another property intention, hypotheolacticantic faculties of copyles—libratorial resultant, another property of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial contents of the copyles—libratorial copyle

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JO N	urs			
Merch 13, 2015				
MD			-	
Planned Parenthood of Indiana a 8645 Connecticut Street	and Kentucky			
Merrilville, IN 46410				
RE: Backup Agreement				
Dear Dr.		•		
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Phone:

#104 P.002/002 07/14/2015 15:59

July 14, 2015

Planned Parenthood of Indiana and Kentucky 8645 Connecticut Street Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pages numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (50) days' notice if we need to modify or cancel this agreement for any reason.

Sincerary		. #
~ -	, MD	Phone:
	•	1
Phone:	, MD	Phone:

TIME RECEIVED April 13, 2016 4:27:44 PM EDT	penius celli	DURATION 55	PAGES 1	STATUS Received
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FAX to				

RE: Backup Agreement

8645 Connecticut Street Merriliville, IN 46410

Planned Parenthood of Indiana and Kentucky

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We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sinceraly,			
	MD	MD Phone:	
Phone:	MD	Phone:	

Governor

Jerome M. Adams, MD, MPH State Health Commissioner



July 11, 2016

HOBART, IN 46342 ST MARY MEDICAL CENTER INC JANICE RYBA, ADMINISTRATOR JANICE RYBA, ADMINISTRATOR

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
county described in subdivision (1);
where abortions are performed.

Respectfully,

Randall Snyder, PT, MBA Division Director Acute Care



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a number of our Medical Staff, Bused on their file, there are no disciplinary actions related to quality of care, no restrictions or donial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: SPECIALTY:

Obstetries/Gynecology Obstellies & Gynecology

CATEGORY:

Activo

INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician (1) Privileges Effective Pate 40130 Strice M, D. 6/10/2016 they 6/9/2013 Λαίνο División Speciality Privileg r Section Description Privilege Distription Number Neura Admit, availante, slinguisse, troot, and provide continuous, pro-, intra-, pend-uperalivo care. commany to normal in tried famile patients of all ages presenting with injuries and disorders of the fermi reproductive system and the contournery system and non-surgically front tionules and inferior of the mannery glanck The case provileges in the specialty include the socceptics filtered and stick super lancoquere that are entermisment the same techniques and childs. Designments of history and physical cuers -Adopted surgery, including overcyaje crossy, cophoradarny, sulpingentaday, and conservative prescriptor for translated of couple programy. Aspiration of breast reserves a Corrigor biopsy, including contractor Culpucinitie Colpoptanty - Colponoppy -Cyttoscopy se part of gynecological principles Diagnostic and florapsutic D&G - Diagnostic and operative Laparoscopy (other than label and specific asymptotic properties of the control of polytophia po sonography Hysicischurs, mblomical vaginal, including lepuroscopic -lipstenscopy disgnessie or ablative excluding use of *Obsotricut Gyme APPROVED 2009 3 EXCLUDING Vaccon Gyacushigy Cura Privileges tocetica uchalase (IRI) of Harthelin cysler Hystoroctomy, including ocritical absocus - Life) of pelvic absocu openoscopie and nescontal approximation of the application of Indictrial appendictions: - Main aptainston In the fin oyel - Metropicity - Muses proposingual surgical procedures (one benefin burgey, this find side three time troutened of Instablic syst and showers) Metropicity. Myomothory, where find Occupiesty. Myomothory of surface Concrete for constraint of surface sties. Cruyagina faciale Operation for tremindent of early stiege redrigue of the valve, vieta, audomorrism resery, or corvin. Operation for smalltratton (tabel lightion). The series for treatment of Planty strong incertification; yaggand approach, obrugadic arestant suspension; ylang rocedure, Operations for insumers for bonign civic discase: EMEC with combining aparolomy, abdominal hydranismy, vaginal dysarctomy, salpingulany, outburenout, and approximation for ularme blooding (abnormal and dyxilizational), Operative Lapacoscopy for polyto pala and infertility. Repair of memorie, enterocic, systectic, of polyto junique. Thirtyliny sed taker infertility swepting (not microwargical). Usablical & Incisional Heryla microscopical, Computers as transported for the fitting of the fit Obstorious Cynconing v spair, Valvir Mopsy, Volvices, Marie APPROVED 2009 Obstatrice Core Privileges Athenic, evaluate, diagnose, treat and provide consultation to formula particular of all figure and/or provide medical and surpless core of the control of t EXCLUDING: Hypogamic aicry Ligation interior reproductive system and narrotated for faces, including major modical dispanses

Page 2 of 3

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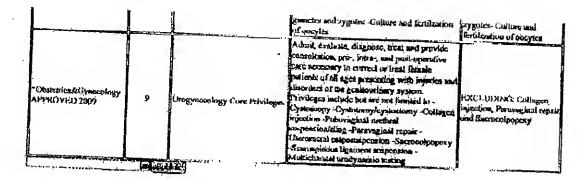
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steprostluctive Endocrinology Care Privileges

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Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Mondian Street Indianapolis, IN 46204

RE:

MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the! compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their lile, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this

DEPARTMENT: SPECIALTY:

Obstetrics/Gynecology Obstetrics & Gynecology

Active

CATHGORY:

INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 3

Physician Privileges

Physician (1) 49601

Манио

s st. 13, Privileges Pilioptive Date 6/10/2015 thru (N/2017

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Division Speciality	Trivilege Number	Section Beautiplies	Privilege Description	Nation
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Page 2 of 3

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Observice Com Privileges

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Page 3 of 3

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June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

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Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization,

DEPARTMENT:

Obstetrics/Gynecology

SPECIALTY:

Obstetrics & Gynecology

CATEGORY:

Active

INITIAL APPOINTMENT: 07/12/2007 - Present

Sinecrely,

d.

Liuison

Medical Staff

Page 1 of 3

Physician Privileges

Physician III Name Privileges Affective thate States
40360 + M 13. 7/6/2013 thru 7/0/2017 Active

Division Speciality	Privilege	Section Description	Crivings Description	Clotes
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Page 2 of 3

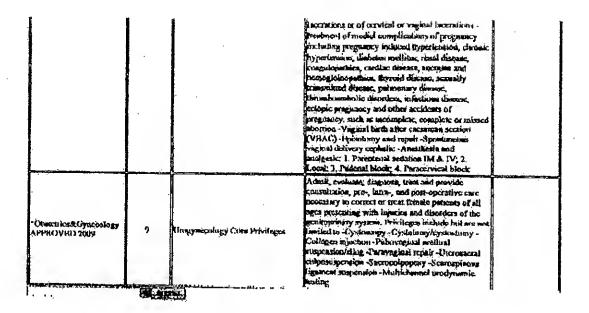
Surgical System, or documentation of training and experience communistrate with the requirements for obtaining privileges to perform the open procedures 4. Documentation of antistictory completion of the PJA-mandated training course he seek see of the relatio surgical system which and include an americ system training plus one day off site training at the Inhusive Surgical Inc. (ISI) Training Corpus S. dominicatesion provided by 251 of having observed at least two (2) robinis operations perfuseed by an experienced images OR I. Successfully encaptated training in sections; conflicted by the program discreer with a letter of support from facts facility. OR 1, Currently meets the inhove speakfindience and currently has full privileges to perferre the Vine's surgical systems. residence at antither Stollity. Physicians manting these critoria must indicate all facilities where they perform this procedure and provide a case bug of procedures door and material data in the past 12 mosths as well as providing the documentation listed above, AND 1. Documentation of baying Interrect at least two 92) robotic operations erformed by an unperionical surgains, 2) An idealified proctor for two (Z) cours by a recurred surgons in the same surgical specialty who has men the above requirements. Additional processed execumery he at the discretion of the prooter and/or the Oraclestials and Parifornismal Standards Opposit OR Be preciored by a deVises Intesting Se -rgnapproved process from inside or outside of Methodise Hospital, (approved 6/4/12)

*Obstetring#Gymounlogy APPROVED 2009

Obsecution Core Privileges

Admit, avaluate, diagnose, transpard provide commission to timele patients of all ages, and/or rovide modical and surgical exic of the female grandactive system and annustred disorders or being rising mechanish thereins that are considering factors in pregnancy. The corn wivileges in skip specialty include the proteducts after and code other procedures that are extensions of the amno rechalques and skills. -Purkupu Natory and physical circu - Amaloccostan - Amalo milin - Anniotomy or Cognocia induction Apprication of internal ficial and pictine monitors Augmentation and indeption of labor by man of Octytocia «Caramous byedennolary», i managemicologicologic «Carolaga «Carolaga biopey of cimizadam of carolaga «Carolaga» (Ciromacialogico areadosia — Historical vocation of broods -Hypogenesic americ Syntime - I menculate camp of the nomborn (methoding returnisations and foliabelism) - intraprobation of foisi miniming. Low or mid throops thrivery, include stations - Management of high risk pregnancy makinawa til rasish transisticary na pro-ciametola, post-dation, third transmitte filosofing, intrastribute growth retardation, premature replant of membran promistere labor, and stultible gestation and process abnormalities Misosporocat of patients withfurtheat medical suggicul or observition complications for increased labor technology militi coverals, (becaused shritten, respect proposal petical, acrosal autoporture and postporture care, pencar, and the supportunities, first domine -Manual penfuncian complications, first domine -Manual removal in phicaria, sicrino caretago -Mudicalizato induce first lang maturity -Namual pontaneous vaginal delivery -Obstetutest samentis promoteres, including physionersalsy and other reterral inaugust techniques -Operative vaginal delivery (including foresps, vaccim extraction, breech extraction) - Professionaries of personal sections deliveres -l'esimple and personales blocks -Repair 4th degree personal

Page 3 of 3



June 10, 2016

Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

RE:

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff, Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT:

Obstetrics/Gynecology Obstetrics & Gynecology

SPECIALTY: CATEGORY:

Active

, MD

INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Page 1 of 2

Physician Privileges

Physician-III Name 13243

Privileges Effective Date

States Author

M, D.

1/10/2014 first 1/9/2016

Dirbin Spirinlity	Privilege Number	Section Description	Privilege Description	Notes
Ofskrinouk (lymecskegy PPROVED 2009		Gysicoology Core Privileges	Admit, evaluate, chagnous, treat, and provinc consideration, pure, intra-post-operative case concentrally to contect or treat famale particula of all ages presenting with injuries and disonless of all ages presenting with injuries and disonless of the firmal reproductive system and the gentlustriancy system and pure-surgicially treat disorders and injuries of the immemory glands. The core psyclogers in the sure observations of the usero feedbalguins and della. Per formance of fixed and such other protectores this are authorised of the usero feedbalguins and della. Per formance of fixed and physical seam -Automal surgery, including overlag dysacctomy, cophorectory, rabificationy, and conservative procedures for dealment of excepts pregnancy -Appiration of farture passes -Cervinal biopsy, including continuous Copyciety and Copyciety -Copycinapy. Cystofocys in part of gynesological procedure. Obspreadors and treatment of privice pata, pelvic mass hemoperisoness, endometricular parathemy introduced in the first and treatment of privice pata, pelvic mass hemoperisoness, endometricular parathemy introduced in the first and treatment of privice pata, pelvic mass hemoperisoness, endometricular, vaginal, lachotting the of resection tochnique -1gt1) of first finderativist bloopsy, differious and successary. Mystorecolomy - Manupolization (I harbottine cyst and absences) - Morroplassy, Myennessenny, abdominal, Operation for treatment of barkolla cyst and absences) - Morroplassy, Myennessenny, abdominal, Operation for treatment of travella cyst and absences) - Morroplassy, Myennessenny, and constitution, language upon polytonial hystorecolomy, vaginal suspensions, issue upon contract and the formal paperson of priving parties of reseases for because of pervise patency, vaginal bydometrical). Operation for contents of barkoling (absence) and bydometrical). Operation for ulcarium blaiding (absence) and bydometrical). Operation for contents of pervise patency, vaginal bydometrical). Operation of the pervise patency and the co	
Observativité (Tyrecology PPRÓVID) 2809	3	Ohedestrium Caro Privileges	ill stife, Venecovaginal farrie, rectovaginal farries fromit, Valvar biopsy, Valvacoursy, simple Admit, traited, disputer, frest and privile constitution to farries patients of all ages, unaltar provide medical and surgeal care of the threate reproductive system and suspented disorders, including surjer rectical discusor that are considering surjer rectical discusor. The core participate in this speciality forces in proceeding the procedures listed and such other procedures that are catenatous.	<u> </u>

bleory and physical exam - Amaso contexts - Amain Inforter - Amaiotocy or Oxytocia induction -Application of lumbed field and during monitors Augmentation and industries of labor by two of Oxyroda Cacarena hyslemethinty, cacancan socilin-Carulage Carvigal blogay or convention of cervix in pregnancy -Circumchilon of nowborn-Retornal version of breech -Hypogenicic artery ligation shamedly is into of the newborn (including connectation and bilabeticas) - intropression of fital moustoring - have we will incorps dictivery, including recessions addresspension of high risk pregnancy inchesive of such conditions as pre-classipals, postchitism, then bimester blooding, introducine growth retaribilità, pricipatore rapture di secondonnesi, remains below, and ambiple gradulism and claceira abicormalitics - Munugerment of patients in hit/without motifical marginal or obstetrical complications. Are seemed I about including mild naming, threatened abortion, normal purgicual parient, normal neceptation and postportun cale, postpartum complications, fold density-Manual removal of placests, status constrain . Medicalizate induce field long materity -Nerroad requirements reduce seas rang matterny -permiss quantizative vaginal ectivery -Obstetrical aliagnostic proceduce, including altrasonagraphy and other relevant imaging tuchwiques -Operative ractive delivery (including furupa, vacoum cuttaction, brocch extraction) - les formance of breech and multifulal deliveries Pudeadal and personvicel blocks -Repair 4th degree portners - nodeston or of oxylon or vaginal lacerphone herenthus or of octation to vagant any, promise frequency included pregnancy indeed hypertension, then hypertension, then hypertension, disheten incition, restabilizate, orașigulojahies, cardiac disease, asemise spot disease; textistly security disease; textistly reglaisopothics, styroid disease, sexually tracentied duciée, pelpopary docume, brombombolis décorden, lefections discosse, octopic programmey and other municipate of comple programmy and other successes of programmy, such as focumpleds, insighten or induced abortion—Vagined birth after energiesis roction. (VSAC)—Upsistony and reptir—Spontaneous vaginal delivery ceptalic—Annatonis and margerist. I. Programmi modulos 114 & 1V, 2. Local 3. Padoval block: 4. Paracovical black THE PARTY

Physician Privileges

Physician ID Plane Privileges Effective Date Status ad 139 Ad D. 6/10/2014 then 6/0/2016 Analyse

Aylelon Speciality Number	Section Description	Privilege Discription	Notes
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*Obstatical(Synecology) APPROVED 2009	Obstatries Core Privileges	Admin, evaluate, dialectes, treat and provide contribution to fecuale pariette of all ages, wild'or provide retained and surgical own of a fernal reproductive system and associated	EXCLADING: Uprogra setary ligation

duct tre complicating factors in prepaints, The error privileges in this specialty inches the procedures listed and puck other propedures that are extendents of the some second-second skills. Performance of Malony nd privated cause - Americannia - America in full-m - Avendomenty or Carytoolin Inducation Application of intential final and attribut acceptors - Authoritation and inducation of abor by one of Oxyleola -Cassioni ctony, cotony acctor - Cardage hystorectory, contactors accord -Carried Hopey or contractor of our visit in Carried Hopey or contractor of our visit in programy -Circumstation of history - Externed version of breach -Hypogastrio actory ligation -branedists care of the newhorn [Profitating remochastion and freehition) -Pairrepression of fast monitoring -Low or said storouge districtly, feeleding resistons -Adapapations of high viet programity inclusive for such conditions as pro-clampels, post-dulars, skied triminals blooding, interactions Browd retardedors, pecanitary replant of wish homor, providing laker, and multiple gestapists and placeres absorptablists— Afanagement of putterist with history tradical of sirolacidence lear stated to a leading nemonal lebels including wild toxested throughout interprint, more proportion patient, violated interprint and goodparture steet, postparting complications, field describe Maximal services of placents, period careerage Medicationic indeed fatal Juby maturity -termine posterior words was less and second fearmal aposterior in the second second Chiterios in aposter procedure, sofuting with reamography and offer reletions imaging audintiques - Operative veginal distress. (including Arresta, viscous assection, breach extraories). Furthers area of preach stad analysis settention studential and stactivical blocks -Repair 4th degree paraminion) blocks -Repair 4th degree partners recombleme or of convicts or regions greature reconstants or of territial or registal likestimitous eteraturant of medicil complications of programmy instanting programmy instanting programmy instanting programmy instanting programmy instanting programmy instanting programmy instanting programmy instanting programmy instanting of medicing programmy instanting of instanting programmy instanting of instanting programmy instanting of instanting programmy instanting of instanting programmy instanting of instanting programmy ins thinonary disease, thrombotobello distribut prelimonary disease. Sprombrotabello diseason, in Recitors disease, actopic pringralinity and other housidonts or programory, made as facorapiese, complete or strianed abortion. Vaginal birth after electrons sestion (VB AC) «Episotany and supeli-Spontabelos vaginal distrery explaite.-Anachesis and antiquate; 1. Presentual sedestion flet & TV, Z. Leioni, S. Padroal block; H. Parason tool block.

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*District/Openiegy APPROVED 2009

11

Reproductive Endowinelegy Core Privileges Adrick, evaluate, thankers, treat and privide inputions or comparious constitutions to particular fractions or comparious constitutions to particular of all ages except as a precifically unded from practic strike problems of facility. Privilegies technole but no not limited to a Contract intraffic place in the strike problems from the limitity and analomies no standard industries, acceptant and proper landscape of the particular resources. It produces to the strike property of contract of compared to footing transactions and superior privilegial true industries, and to provide a filter property of the strike produces and superior privilegial true industries. Intra-abdominal transfer of

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PAGE 06/05 Page 3 of 3

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	March 13, 2015	•				
	MD					
	Planned Parenthood of Indiana a	nd Kentucky				
	8645 Connecticut Street					
	Merritville, IN 46410					
	RE: Buckup Agreement					
	Dear Dr.	P.				
•	This letter confirms our agreement abortion patients in the event of that requires hospitalization panels.	a complication, emergence in group of the complication of the complete of the	y situation or other i ling privileges.	vices for ye nedicul ne	our ed .	
	We have admitting privileges in O	int admission and care for	at) In	
	survices accountill to 6900 battell	I's need. Of course, and hi	tam payent needs Hisht heading imma	lg Urgem c	16	
	should be evaluated at the closes	t emergency care center.	Suite S	DIOCE COLE		
	In the event our services are need phone number listed with our na- pager numbers. Please provide the condition and meens of transport patient.	mes below, We have provi	ded you with our ce	phone an	d	
Plea	We were to provide you thirty (3) for any reason. Send (8)	Oldays' notice if we need	to modify or cancel	this agreen	nent	
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1.	MD ~		· MD ·			

From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:59

#104 P.002/002

July 14, 2015

MD Planned Parenthood of Indians and Kentucky 8645 Connecticut Street Merriliville, IN 46410

ŘE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency altuation or other medical need that requires hospitalization pending your obtaining admitting privileges:

We have admitting privileges in Obstetrics and Gynecology at in the We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Phone:	, MID	Phone:
	. Arra	MD
13 S.P	, MD	Phone:
Sincerely,		

TIME RECEIVED ADT 1 13, 2016 4:27:44 PM EDT	production.	DURATION 55	PAGES 1	STATUS Receive
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FAX to				•
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April 13, 2016				
Whii 12, 2016				
MD .	lar a sets			
Planned Parenthood of Indiana a 8645 Connecticut Street	ind Kentucky			
Merrilville, IN 46410				
RE: Backup Agreement				
Dear Dr.				
This letter confirms our agreeme	ent that we will provide a	emergency black-up s	ervices for	YOUR
abortion patients in the event of	f a complication, emerge	ncy situation or othe	r medical	
that requires hospitalization per	iding Dr. obtainin	g admitting privilege	5.	
We have admitting privileges in			;	Lin
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In the event our services are nea				
phone number listed with our na pager numbers. Please provide i				
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the patient.				
We agree to provide you thirty	(30) days' notice if we no	ed to modify or cant	el this agr	eement
for any reason.				
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Phone:

Phone:

MD

MD

Phone:



Michael R. Pence Governor Jerome M. Adams, MD, MPH State Health Commissioner

July 11, 2016

MATT BALLA, ADMINISTRATOR ST VINCENT DUNN HOSPITAL INC 1600 23RD ST BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, 1C 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) cach hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



BLOOMINGTON, IN 47403
PLANNED PARENTHOOD BLOOMINGTON

June 10, 2016

Randall Snyder
Division Director

Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

if you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DQ

Dear Sir/Madam;

Is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advenced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties:

Gynecology

Date of Appointment:

04/27/1998 to Present

Staff Category;

Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please confact the Medical Staff Services Office at

Sincerely,

CPCS wanader, medical Staff Services June 3, 2014

DO

RE

Admitting Privileges

Dear Dr B

Please he advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS Manager, Medical Staff Services

ı

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED December 8, 2015 11:04:07 AM EST REMOTE CSID

DURATION

PAGES

STATUS Received

2015-12-08 11:00

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P 1/8

December 8, 2015

MO

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortal services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient: Of course, any patient needing immediate care should be evaluated at the closest amergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at im addition, my cell number is a please provide the patient's name, reason for reserval, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

in the event my services are needed after the patient has left the facility, the PPHK physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

Lagree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE: Backup Agreement in

County Indiana

Dear Dr. : and Br.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land

If the covering GVN physician of the case no pure of these hospitals is
uncombrisble with any postabortal services patient from Planned Perentbood of
Indiana (PPIN) needing admission. I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Persentted: Fort: Century 9choolbook

Intra-operative complications:

sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason,

Sincerely, _



July 11, 2016

FRANKFORT, IN 46041 1300 S IYCKZON ST ST VINCENT FRANKFORT HOSPITAL INC KRIZLI BLEDSOE, ADMINISTRATOR

Dear Administrator:

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

where abortions are performed. county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (1) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA



ՄԿՈՄԿԱՄԱՐՄՄԻՄՄՄԿԱՄԱՐՄՄԻՄ TAFAYETTE 964 MEZZANINE DRIVE LAFAYETTE, IN 47905

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June 10, 2016,

Randsil/Snyder indiana State Department of Hasilth 2 W.Meridian Street AGŽON II, Siloganaining

Be: ND

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review

activities for the purpose of concurrent and retrospective data collection, review and reporting. We confinually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allled Health Staff at the entity(les) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

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Іләсйуе	Consulting	Obstetrics and Gynecology		
Буйра Буйра	ә∧рэу	Obstetřícs and Gynecology	/T07/T5/7T - OTOZ/57/Z	, , , , , , , , , , , , , , , , , , ,
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Іпасцує	Асціє	Obstetrics and Gynecology	0102/22/2 - 8861/92/L	

Should you require additional information or it you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely, Medical Staff Services Department

June 1, 2016

Planned Parenthood of Indiana and Kentucky 964 Mexzanine Drive Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in i admitting privileges in i will arrange patient admitsion and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, confact me by calling please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

i agree to provide you thirty (30) days notice if we need to modify or cancel this agreement for any reason.

Sincerely,

June 1, 2016

IABY

Planned Parenthood of Indiana and Kentucky 964 Mezzanine Drive

Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. ·

This letter confirms our agreement that I will provide emergency struction or other medical need that requires hospitalisation.

have admitting privileges if admitting privileges if admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for

Sincerely,

January 31, 2016

'0'W

Dear Dr.

.2314

On behalf of the Board of Directors of for reappointment for my pleasure to notify you of your reappointment for two years. Your reappointment for two years. Your reappointment

has been approved through December 31, 2017.

Copies of your Delinestion of Privileges forms are available from the Medical Staff Office if required.

blesse let me know it I may be of essistance to you.

Sjucerėly,

President & CEO

r.,



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

July 11. 2016

JOEL FELDMAN, ADMINISTRATOR ST VINCENT HOSPITAL & HEALTH SERVICES 2001 W 86TH ST INDIANAPOLIS, IN 46260

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) cach hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is configuous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/ Randall Snyder, PT, MBA Division Director Acute Care



ղթունգՄիժերերիրիմՄութեվԿլիվիրիօրդիի CLINIC FOR WOMEN 3607 W 16TH STREET INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

r, MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresent

Staff Status:

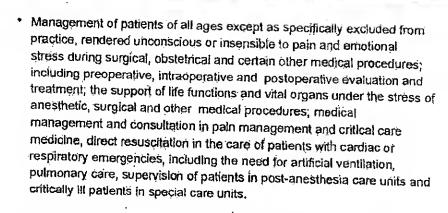
Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,



- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fiuld, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal oploids)
- · The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rehdering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subaractinoid injections
- Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- * 2 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

: will provide Clinic For Women with hospital admitting privileges for Dr. patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD [©]



Clinic for Women

Hospital Admitting Privilege Agreement

	Clinic for Women (CFV tion Dr. ians at the Clinic For Wo	W) patient requires hospitalization for an will agree to admit any patient (s) for all omen.
	s in agreement that Dr.	will provide all emergency of his patients from the CFW.
patient at the hospi CFW will maintain	ntor and clinic doctor(s) nt's status. The Clinic / ital, making herself avail	will provide pertinent information to me Administrator will accompany or meet the lable to both the doctor and the patient. I throughout her hospitalization and will
With written appro	Val/rulands English	
n the event that Di		of watter this agreement.
o .		or unavailable, the patient will be transferred Emergency department.
MD		Date 3. 1.74
	·	



Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.
admissions to for any of her panents from the CFW.
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.
MDJ Poate Date
MD Date Date



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr. will provide all emergency admissions to for any of his patients from the CFW.			
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
3.1.14 Date			
mach 1, 2014			



Hospital Admitting Privilege Agreement			
In the event that abortion compli- contracted phy-	t a Clinic for Women (CF ication Dr. sicians at the Clinic For V	W) patient requires hospitalization for an will agree to admit any patient (s) for all	
AMERICAN DELICATION TO	ID is in agreement that D for any	of his patients from the CFW	
bardein at me 110:	trator and clinic doctor(s) tient's status. The Clinic spital, making herself ava	will provide pertinent information to me Administrator will accompany or meet the lable to both the doctor and the part	
	III Contact wash shown		
	_	t throughout her hospitalization and will	
With written app opy of any patie	roval/release from the par nt's hospitalization record	t throughout her hospitalization and will	
With written app copy of any patie	roval/release from the par nt's hospitalization record	t throughout her hospitalization and will	
With written app copy of any patie in the event that I	roval/release from the par nt's hospitalization record	t throughout her hospitalization and will ent, Dr. agrees to provide a complete is to CFW under this agreement.	
With written ann	roval/release from the pat nt's hospitalization record Or. is out of town yra ambulance to the	t throughout her hospitalization and will ent, Dr. agrees to provide a complete is to CFW under this agreement.	

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency—patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff Including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status:

Active

Department/Section:

Obstetrics & Gynecology/GYN & Urogynecological

Specialty:

Obstetrics & Gynecology

if you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE:

DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision or quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes pear review findings from drug usage evaluation, surgical base review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care,

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties;

Фулесоюду

Date of Appointment:

04/27/1998 to Present

Staff Category:

Active

A review of this precitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Suit Services Office at

Sincerely,

CPCS Marrager, Medical Staff Services

June 3, 2014

bo

RE

Admitting Privileges

Dear Dr B

Please be advised you currently have admitting privileges at Questions/concerns, please do not hesitate in confacting me. Regards,

CPCs Manuger, Medical Staff Services

l

ł

** INBOUND NOTIFICATION: FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST
PPCG

DURATION PAGES
371 8 Received

YYYY
P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-aborital services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

in the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at in addition, my cell number is a please provide the patient's name, reason for reterral, current medical condition and means of transport. A copy of all evaluable patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPHUK physician on sall should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients regulting emergency cars will be directed to seek services at the hospital nearest to them.

Lagres to provide you thirty (30) days' notice if I need to modify or cancel this agreement for way reason.

Sincerely.

May 25 2011

Planned Parenthood of Indiana

RE Backup Agreement in

County, Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I land

If the covering GYN physician of the unit of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of Indiana CPIND needing admission. I will assume care of that patient, and will assume patient admission and care for each patient needing my services according to each patient's need.

Porpustion: Form Century Schoolbook

Intra-operative complications:

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

այկվվվիականկականկանիկիկին գումակին PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall			
To:	riday, June 10, 2016 12:42 PM Snyder, Randall RE: Privilege Verification		
**** This is an EXTERNAL en unknown senders or unexpec	ted email. ****		
Mr. Shyder,	en en en en en en en en en en en en en e	ويود ويود ويساسيان واستان والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والم	and a second second second second second second second second second second second second second second second
This is to confirm that a reappointment by February 1, 2017	M.D., doës have admitting	; privîleges at !	He is due for
If you have any questions, please do	o not hesitate to contact me.		
Thank you.			
Director Medical Staff Affairs			
		•	
Office:			
Email:			
From: Snyder, Randall [malito:RSny Sent: Friday. June 10, 2016, 12:33) To: Subject: RE: Privilege Verification	yder1@isdh.IN.gav] PM	r himmer om a för ganne, men mennemmen i a verse	miner a range e equipalminimate minere e destruira e a e anna este e appropri
Ms.		4	
Pursuant to Indiana Code 16-16-34-document" The state department has received the department.	an admitting privileges documen		
Therefore, pursuant to state law, ploof this request with a reappointment	ease verify that Dr it date of 2/1/2017.	currently holds adm	itting privileges as of the date
I have included last year's request for A reply, like the one dated 10/20/19	or reference should it be neëded 5 is sufficient,		

Thank you,

From: 1 3 Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of has approved your reappointment at OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

aΪ

Attachment

独"树"。"



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MO

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, JN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and .

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, pny patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . . I have provided you with my cell phone and pager numbers. Please provide the patient's name; reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

l agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at i have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Lagree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parentl god of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and in, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason:

Sincerely,

MD

MD

RE: Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

հրգհեկոկորիսիգոյիկվվիրհիգելեկվվիկիկի WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

Snyder, Randall

From:			
Sent:	Friday, June 10, 2016 12:42 P	М	
To:	Snyder, Randali		
Subject:	RE. Privilege Verification		
**** This is an EXTERN unknown senders or un	IAL email. Exercise caution. D	O NOT open attachme	nts or click links from
Mr. Snyder,	***************************************		
This is to confirm that reappointment by February	M.D., does have adm	itting privileges at	. He is due for
if you have any questions, p	lease do not hesitate to contact me	ı.	
Thank you.			
Director			
Medical Staff Affairs		•	
Office: /:			
Fax:	-		
Emaîl:			
From Swider Dandall front	ko:RSnyder1@isdh,IN.gov]	ساهه مادود بالمتاسيد و مصوره محموله عام بالمتاسية في ما	to go a graph of a graph of the part of th
Sents Friday, June 10, 2016	12:33 PM		
io;			
Subject; KE: Privlege Verifi	ication		
Ms. ''			
Pursuant to Indiana Code 16	5-16-34-2-4.5(c)(2), "The state depa	rtment shall verify the valid	lity of the admitting privilege
	eceived an admitting privileges docu	iment in regards to a licens	ure application on file with
Therefore, pursuant to state of this request with a reapp	law, please verify that Dr Dintment date of 2/1/2017	currently holds adm	itting privileges as of the dat
have included last year's re	Couest for reference should it he no	eded.	
A reply, like the one dated 1	0/20/15 is sufficient.	visca.	
Thank you.			
From:			
Sent: Tuesday, October 20, :	2015 10:42 AM		
	•		



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and.

I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, and tact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (90) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Paren hand of Indiana and Kentucky

July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenus Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at .

In addition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of .

has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

GOVERNOF Michael R. Pence

State Health Commissioner Hem, M. Adams, MD, MPH



July 11, 2016

FEBYION' IN 40025 7605 N LEBANON ST WITHAM HEALTH SERVICES KAYMOND INGHAM, ADMINISTRATOR

Dear Administrator:

4.5(d) which became effective July 1, 2016 to wit: Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

county described in subdivision (1); (2) each hospital located in a county that is contiguous to the is located; and granting the admitting privileges described in subsection (a) (1) each hospital located in the county in which the hospital the written agreement described in subsection (a)(2) to: admitting privileges described in subsection (a)(1) and a copy of (d) The state department shall annually submit a copy of the

where abortions are performed.

Respectfully,

Acute Care Division Director Randall Snyder, PT, MBA



CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222 June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

-, MD

Dear Sir/Madam;

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Fresenii

Staff Status:

Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

• Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to paln and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- · The application of specific methods of respiratory therapy.
- The clinical management of the petient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal oploids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.
- Epidural and subarachnoid injections
- · Peripheral nerve blocks
- > 10 Years
- 0 -2 Years
- 2.- 10 Years

- Administration of sedation
- Admitting PrivilegèsLimited critical care



ADMISSION PRIVILEGE AGREEMENT

: will provide Clinic For Women with hospital admitting privileges for Dr. patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

. MD .



Hospital Admitting Privilege Agreement

,			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s') for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr. admissions to for any of hi	will provide all emergency s patients from the CFW.		
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. grees to provide a complete copy of any patient's hospitalization records to CFW langer this agreement.			
In the event that Dr. is out of town or to via ambulance to the En	unavailable, the patient will be transferred nergency department.		
MD	Date 3. 1.14		
<u> NO</u>	March 1, 2014		



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
admissions to for any of her	will provide all emergency panents from the CFW.		
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
·MDJ	Date 3.1. P.		
; MD	Murch 1, 2014 Date		



Hospital Admitting Privilege Agreement			
In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
MD is in agreement that Dr will provide all emergency admissions to for any of his patients from the CFW.			
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throuprovide follow-up care at the clinic.	ighout her hospitalization and will		
With written approval/release from the patient, Dr agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. to! is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.			
,			
T MD	3.1.14 Date		
MD	Date March 1, 2014 Date		



Hospital Admitting Privilege Agreement In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.			
CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.			
CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.			
With written approval/release from the patient, Dr. agrees to provide a comple copy of any patient's hospitalization records to CFW under this agreement.			
In the event that Dr. is out of town or unavailable, the patient will be transferr to via ambulance to the Emergency department.			
MD Date			
Date 7, 2014			

PLANNED PARENTHOOD INDIANAPOLIS 8590 GEORGETOWN RD INDIANAPOLIS, IN 46268 June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RÉ:≀

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section:

Family Medicine

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely.

Phone:

Fax:

Snyder, Randali			
From:			
Sent	Friday, June 10, 2016 12:42 PM	•	•
To:	Snyder, Randall		
Subject: RE: Privilege Verification			
**** This is an EXTERNAL ounknown senders or unexp	email. Exercise caution. DO ected email. ****	NOT open attachme	nts or click links from
Mr. Snyder,	taka depakan dalam pini kangan menerakan darip dalam menerakan menerakan menerakan dari dan dalam dari dan dar		
This is to confirm that , reappointment by February 1, 2	. M.D., does have admitti 017.	ing privileges at ?	He is due for
If you have any questions, pleas	e do not hesitate to contact me.		
Thank you.			
Director			
Medical Staff Affairs			
	•		
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ير مراجع			
Office:			
Fax: ,		•	
•	e principal de la principal de		
From: Snyder, Randall [mailto: Sent: Friday. June 10. 2016 12	RSnyder1@lsdh.IN.gov]	makin ninga kanannaga (M) k ninga mangan mangan mangan ka	ag pirt na ammirti. Anny hygorony na tang (1€, 11 contribbendig), ≇ minta. (0-β, apag
To: '6 .			
Subject: RE: Privilege Verifical	gon		
Ms.		·	
	6-34-2-4.5(c)(2), "The state depar	rtment shall verify the val	lidity of the admitting privileges
document"	eived an admitting privileges docu	annuk tu ununuda ka u lian.	marine was the star of the star
the department.	iiveu an aumitting privileges uocu	iment in regards to a lice:	nsure application on tile with
Therefore, pursuant to state la	w. piease verify that Dr.	currently holds ad	lmitting privileges as of the date
of this request with a reappoint			William Physica in all the date
	uest for reference should it be ne	eded.	
A reply, like the one dated 10/	20/15 is sufficient.		
Thank you.			
From: 1 a	•		•
Sent: Tuesday, October 20, 20)15 10:42 AM		

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of
has approved your reappointment at
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs a or (

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.i.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Executive Officer

al

Attachment

17 14



March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. 1

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at and in an and in an and in an analysis of the patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

.... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



June 9, 2014

MD Planned Parenthood of Indiana and Kentucky 8590 Georgetown Road Indianapolls, IN 46268

RE: Backup Agreement

Dear Dr. '

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology a and

I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at a have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



June 9, 2014

MD Planned Parentl god of Indiana and Kentucky 8590 Georgetown Road Indianapolis, IN 46268

RÉ: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and

i, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

i agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

August	77	20	1.9
CHEMI	411	20	

MD

RE; Membership and Clinical Privileges

Dear '

MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical

Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of . patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP 1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

rom:	tent g a a	
ent:	Friday, June 10, 2016 12:42 PM	
o:	Snyder, Randall	
ubject:	RE: Privilega Verification	
*** This is an EXTE inknown senders o	ERNAL email. Exercise caution. DO NOT open attac	chments or click links from
vir. Snyder,		
This is to confirm that reappointment by Feb	. M.D., does have admitting privileges at ruary 1, 2017.	. He is due for
If you have any question	ons, please do not hesitate to contact me.	
Thank you.		
Direct	or	
Medical Staff Affairs . : Office: f:		•
Office: f: Fax: Email: From: Snyder, Randa	ĭĭ [mailto:RSnyder1@isdh.IN.gov]	e de la company
Fax: Email: From: Snyder, Randa Sent: Friday, June 10 To:	nii [mailto:RSnyder1@isdh.IN.gov] 0, 2016 12:33 PM	, o o o o o o o o o o o o o o o o o o o
Office: f: Fax: Email: From: Snyder, Randa Sent: Friday, June 10	nii [mailto:RSnyder1@isdh.IN.gov] 0, 2016 12:33 PM	و ما مساور و در ۱۹۱۱ م چه در ۱۹۱۹ میلید میپاید میپاید در در ۱۹۱۹ می در میپاید در در در در در در در در در در در در در
Office: f: Fax: Email: From: Snyder, Randz Sent: Friday, June 10 To: Subject: KE: Privileg Ms.	nii [mailto:RSnyder1@isdh.IN.gov] 0, 2016 12:33 PM	
Office: f: Fax: Email: From: Snyder, Randa Sent: Friday, June 10 To: Subject: Ke: Privileg Ms. Pursuant to Indiana (document"	ni [mailto:RSnyder1@isdh.IN.gov] 0, 2016 12:33 PM e Verification	the validity of the admitting privilege
Office: /- Fax: Email: From: Snyder, Randa Sent: Friday, June 10 To: Subject: KE: Privileg Ms. Pursuant to Indiana (document" The state department the department. Therefore, pursuant	it [mailto:RSnyder1@isdh.IN.gov] b, 2016 12:33 PM c Verification Code 16-16-34-2-4.5(c)(2), "The state department shall verify to the state department of the state department	the validity of the admitting privilege
Office: f Fax: Email: From: Snyder, Randa Sent: Friday, June 10 To: Subject: KE: Privileg Ms. Pursuant to Indiana (document" The state department the department. Therefore, pursuant of this request with I have included last	in [mailto:RSnyder1@isdh.IN.gov] b, 2016 12:33 PM c Verification Code 16-16-34-2-4.5(c)(2), "The state department shall verify in the partment of the partmen	the validity of the admitting privilege a licensure application on file with

Sent: Tuesday, October 20, 2015 10:42 AM



February 17, 2014

MD Indianapolis Women's Center 1401 N. Arlington Ave Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at and admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at

In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely

M.D.



July 1, 2013

Dr. Women's Medical Center 1201 N. Arlington Avenue Indianapolie, IN 46219

RE: Beckup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up sorvices for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this egreement for complications that occur during or immediately following the procedure, and before the petient has left the facility, contact me by calling my office at .

In eddition, my pager number is

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Pleese provide the petient's name, reason for referral, current medical condition and meens of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely.

January 29, 2013

_____ M.C

Dear!

It is my pleasure to inform you that the Board of Trustees of . ____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category.

in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at 1.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D. Chief Medical Officer

jh

Attachment

Abortion Clinic License

This is to certify that:

Counseling of Indiana Inc. d/b/a CLINIC FOR WOMEN 3607 W 16TH ST STE 2B INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011133-1 is effective July 1, 2016 and expires June 30, 2017.

STATE OF STA

RANDALL SNYDER PT, MBA DIRECTOR, ACUTE CARE DIVISION

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC 8645 CONNECTICUT ST MERRILLVILLE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011116-1 is effective July 1, 2016 and expires June 30, 2017.

STATE OF THE STATE

RANDALL SNYDER PT, MBA DIRECTOR, ACUTE CARE DIVISION

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC 421 S COLLEGE AVE

BLOOMINGTON, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011117-1 is effective July 1, 2016 and expires June 30, 2017.

STATE ON LEGISLAND

RANDALL SNYDER PT, MBA DIRECTOR, ACUTE CARE DIVISION

Abortion Clinic License

This is to certify that:

Planned Parenthhod Of Indiana and Kentucky d/b/a

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC 8590 GEORGETOWN RD INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011118-1 is effective July 1, 2016 and expires June 30, 2017.

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RANDALL SNYDER PT, MBA DIRECTOR, ACUTE CARE DIVISION

Abortion Clinic License

This is to certify that:

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC - LAFAYETTE d/b/a PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC 964 MEZZANINE DR LAFAYETTE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-013765-1 is effective July 1, 2016 and expires June 30, 2017.

STATE OF THE STATE

RANDALL SNYDER PT, MBA DIRECTOR, ACUTE CARE DIVISION

Abortion Clinic License

This is to certify that:

Women's Med Group Professional Corporation d/b/a WOMEN'S MED GROUP PROFESSIONAL CORPORATION 1201 N ARLINGTON AVE

INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011128-1 is effective July 1, 2016 and expires June 30, 2017.

RANDALL SNYDER PT. MBA DIRECTOR, ACUTE CARE DIVISION